

Peter House Care Limited

Peter House

Inspection report

Sneating Hall Lane
Kirby-le-soken
Frinton-on-sea
CO13 0EW

Tel: 01255861241
Website: www.aldanatcare.co.uk

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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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

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 House is a small residential care home for people who have a learning disability, autistic people and people who may also have a mental illness. At the time of the inspection, seven people were being supported, six of who were receiving the regulated activity of personal care. The service can support up to nine people.

This is the first inspection of the service under a new provider, however senior leaders at the service remain unchanged.

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

The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support

The physical environment in communal areas had been updated but lacked a homely feel. The service was working in making these areas more engaging and comfortable. Peoples personal spaces did reflect their individuality. Outside areas continued to be unsafe and inaccessible for people with mobility issues. This had not been addressed following concerns at the last two inspections.

Although some key events and opportunities for people were taking place, people did not always have access to daily meaningful and engaging activity. The registered manager told us the service had gone some time without an activity member of staff and new activity member of staff was employed during the inspection. Their role would be to review that activities that people were offered and ensure that these reflected individual goals and were person centred.

Peter House is rural in location and to access the community required access to transport. At the last inspection there had been a lack of staff able to use the services transport. We found this had improved.

Right care

Peoples care plans although person centred, were significantly out of date. More work was needed to ensure cares plans continued to meet people's current needs. However, staff knew people very well and were usually responsive to people's needs.

People were supported to become as independent as they could be and were supported to have choice and control over their support they received.

Right culture

The registered manager had been in post for six months and had a strong vision of the quality of care people should achieve, based upon empowerment and inclusivity. With a newly appointed deputy manager, work was in progress to make the changes needed to ensure that people could live well every day.

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

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, with a rating of inadequate in the well led domain (published 18 September 2019).

The service remains rated requires improvement with an improved rating for the well led domain. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to assess that the service is applying the principles of Right support right care right culture.

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.

We have found evidence that the provider needs to make improvements. Please see effective, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. 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 House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation safe care and treatment, person centred care and the service being well led by the provider at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Peter 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.

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

One Inspector and an Expert by Experience carried out the inspection. 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 House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Peter House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 9 May 2022 and ended on 14 June 2022. We visited the service on 9 and the 19 May 2022 and reviewed additional information sent to us by the service on the 14 June.

What we did before inspection

Before the inspection we looked at all the information we held about Peters House. This included any notifications that the service had made to us under their statutory duty. This included safeguarding and incident reporting. We spoke to local commissioners about their views on the quality of the service. We also reviewed the providers most recent provider information return, which included information as to how the service felt they were meeting their regulatory requirements.

We used all of this information to plan our inspection.

During the inspection

We spoke to three people who used the service and communicated with one person through their body language and own form of Makaton. We spoke to five relatives about their experience of the care provided.

We spoke with six members of staff including the Registered and Deputy manager.

We reviewed a range of records. This included three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 under the previous provider this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 12.

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

- At the last two inspections we found the garden area was overgrown and the patio slabs were uneven making that area unsuitable for people with mobility issues. At this inspection the outside space remained unchanged and would not be fully accessible for all.
- Staff had not considered the level of noise and its impact on people's presentation. Most people and staff congregated in the dining room on the day of inspection and regularly moved in and out of the room. However, the dining room door fire catch kept closing behind people causing a loud bang. We observed one person becoming more and more distressed during this period which staff told us was the persons usual presentation. No exploration of the noise and activity levels had been considered as a potential cause of the distress, although the staff stated the door had been that way for a while.
- On the second day of inspection, ten days after the first site visit, the dining room door, which was also a fire door still had not been repaired. Staff had wedged the door open to avoid it banging. The deputy manager told us the door had been reported. We found environmental issues were identified were not quickly actioned by the providers maintenance team.
- Staff undertook monthly and daily water temperatures to mitigate the risk of scalding. However, we found that on one occasion a temperature recorded had significantly exceeded the acceptable range. No immediate action had been recorded about how this had been addressed to prevent the risk of scalding. The registered manager told us there was sometimes a delay in maintenance being carried out and could not demonstrate action had been taken. They immediately reviewed temperatures and the processes for reporting.
- People had access to fresh cold drinks from drinking container in the dining room. Fluid was accessed via a tap attached to the container. Staff told us people were able to and did help themselves. However, the inside of the tap was heavily soiled with grime on the first day of inspection and proper cleaning schedule had not taken place. This was immediately addressed.

Systems in place did not always identify risks to people and where risks were identified they were not always

acted on in timely way. This placed people at risk of unsafe care. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People had a variety of risk assessments that had not been reviewed in some cases for over 12 months. However, care staff and managers were all able to tell us about people's individual risks in detail and how they supported people. The information provided demonstrated that risk assessments remained relevant the registered manager provided evidence these were under review.
- Staff recognised signs when people experienced emotional distress and told us how they would support people to mitigate risk. This included documenting the distress, what lead up to the distress and how the person was supported.
- The learning disability lead for the organisation reviewed these and offered learning to staff about what they could have done differently and should try next time.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. One member of staff told us, "We are trained to restrain people and break away from holds, but we try not use these. We know people and often stop something before it begins."

At the previous inspection, the provider had failed to ensure there were adequate staffing levels to meet the needs of those living at the service. This was a breach of regulation 18 (Staffing) 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 18.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people where it had been commissioned. At the last inspection there had not been enough staff able to drive the services cars to take people out. At this inspection we saw that had improved.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff considered people's individual needs, wishes and goals.
- The registered manager block booked regular agency staff members, so they knew people's individual needs well and had developed positive relationships with people. Some agency staff had become permanent. One staff member told us, "I got to know people well and really liked it here so stayed."
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure new or temporary staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- The registered manager had raised safeguarding alerts with the local authority and the Care Quality Commission and carried out investigations of poor practice.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a format they could use, and they knew how and when to raise a safeguarding concern.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and

provided advice to people and carers about their medicines. Review outcomes were recorded in health folders. Staff contacted GP surgeries for changes to medicines when needed.

- Medicine records held important information about how people were supported to take medicines in line with their preferences and needs. Such as if a person was at risk of choking, how staff managed this risk.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff told us, "I had my medicines training and then had ten observed practices to make sure I did medicines safely. But if I still felt unsure, they would have given me more training and support."
- Staff administered "As Required" medications in line with best practice and individual protocols and guidance in place.

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 meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- People were able to receive visitors and were able to go out and see their families. Government guidance of the time was followed. Relatives assured us they felt their relative had been safe during COVID-19 and that they visited regularly and felt safe with the measures in place.

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 under the previous provider this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff had not ensured people had up-to-date care and support assessments, including psychological, functional, communication, preferences and skills. Some had not been reviewed since 2020. However, the registered manager had identified this and was in the process of reviewing all care and support assessments.
- Support plans set out current needs, promoted strategies to enhance independence, but did not demonstrated evidence of planning and consideration of the longer-term aspirations of each person and their loved ones had been involved.

People had not always been involved in their care and support plans or the development of the service. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans, whilst out of date reflected a good understanding of people's needs, including relevant assessments of people's communication support. Staff were able to tell us how people communicated. One person was supported to his room at various points to enjoy their sensory projector after staff had identified this was a benefit to them when the environment was noisy.
- People had medical information sheets both at the front of their care plans and in their medication folders. This detailed all the things that people needed to manage their needs if admitted to hospital.
- Some people were able to use parts of the garden to good effect. One relative told us, "There's a greenhouse so [name] can all do some horticultural work when the good weather allows, like growing tomatoes." One person told us about how much they enjoyed growing vegetables and herbs.

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

- There was no evidence of how people had been involved in designing a recent refresh of the communal spaces which in places were cold and bare.
- However, people's personal spaces were homely and decorated to their preferences and personality.

Staff support: induction, training, skills and experience

- Staff had received an induction that included both online learning and face to face training. For example, training in moving and handling and positive behaviour support. These were updated yearly, and the registered manager carried out observations. However, observations were not always documented.
- Staff had not always received regular supervision. The registered manager had been trying to address this

and the frequency was improving, but we saw one member of staff had not had supervision for several months.

- The service had promoted a competent senior carer into a deputy manager role. They were beginning to make a difference in supporting the manager to make necessary changes at the service and spent one long day a week working directly with staff to ensure that best practices and routines could be embedded. This included how staff used their time effectively in supporting people to live well. This was a work in progress.

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

- The service employed a cook who knew people's individual nutritional needs and prepared home cooked food daily.
- The registered manager told us people had decided they would prefer not to have a set menu and so could decide the day before what they would like to eat.
- People had favourite dishes and staff had begun to photo these so they could show people what was on offer rather than using a stock photo. People told us they liked the food on offer.
- Staff offered people regular hot and cold drinks as they wanted them.

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

- Staff ensured that people were supported to access various healthcare services to meet their changing needs. This included dental treatment, annual health screening, chiropody and sight and hearing check-ups.
- People with complex health needs had detailed care plans about how to meet these needs, identify concerns and health professional contact information and guidance.
- Staff strongly advocated for people to get the healthcare they needed and there was good communication with professionals and people's loved ones about how to support people. One relative told us, "They are very quick to be in touch with everything. ... The manager, emails me with all the latest health investigations on going and keeping us involved but it's what's needs to be done."
- One person had received medical treatment for serious illness. Staff had ensured there was a clear discharge plan in place to support the person back to the home after a stay in hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the Mental Capacity Act 2005. Where people had been deprived of their liberties best interest assessments were in place, clearly detailing how a decision had been arrived.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked

capacity and they had nobody else to represent their interests.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions and DOLs were in place. At the time of the inspection the registered manager was in the process of renewing a number of DOLS that were due to lapse.

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 under the previous provider this key question was rated as requires improvement. At this inspection this key question remains the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The registered manager told us people were involved in planning their care and we saw care plans contained person-centred information. However, they were not always up to date and we couldn't identify if and how recently some people had been involved.
- The registered manager told us they hadn't had resident meetings for some time because not everyone at the service enjoyed each other's company. Instead they took time to sit and talk with people individually about whether they liked the home and what could be improved for them. However, this engagement was not documented. The registered manager was unable to share information of any changes made following these informal conversations with people.
- Whilst staff were caring in their approach and the registered and deputy manager were trying to make improvements to the service, the provider had not addressed all the previous concerns found and reported on in this report within the safe, effective, responsive and well led domain.
- Despite the lack of documentation people were at ease with staff and the registered manager, some frequently dropping into the manager's office for a chat.

We recommend the service review how people's views around their care are captured and recorded to support continued learning and improvement to person centred care provision.

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

- Staff told us they respected people's equality and diversity needs and this included when people expressed their sexuality. However, where people had expressed thoughts around their sexuality, there had been no exploration around if they needed additional support to explore this further. More could be done to improve staff knowledge of how to support conversations about people's diversity and what activities might be available in the community.

We recommend the service reviews best practice and training around supporting people's to express and explore sexuality in a supportive and safe environment.

- Staff knew people well and we observed them talking to people in a caring and engaging manner.
- People appeared at ease with staff and enjoyed their company. One person had recently been on holiday and had enjoyed this time with staff. They were animated when staff spoke about the time spent away.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's rights were respected, and staff fitted in with them. One said, "[Name] has odd sleeping patterns so can take [themselves] to bed about 6pm and then be up at 4am. Such a light sleeper. But staff just accommodate this and chat with him whenever he gets up. [Staff] will make sure [name] is ok and has what they need, they just fit in with him."
- Staff were careful to preserve people's privacy and dignity. We observed one person was wearing a top that was dirty following a meal. Staff gently and discreetly offered to help the person to change.
- People had been able to express preferences for male and female care workers for personal care and these boundaries were respected.

Is the service responsive?

Our findings

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

At the last inspection under the previous provider this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People who needed staff to help engage with meaningful activities were observed doing limited daily activities during the first day of inspection. Instead spending much of the day in the dining room with staff. On the second day of inspection a new activity person had been employed, however they had not yet had time to embed individualised meaningful activities.
- Daily notes did not identify what people had been supported to do throughout the day and instead detailed task-based engagement, such as whether the person had eaten. The registered manager told us they were aware that daily records did not show how people had been living their lives every day and had been working on this with staff.
- People's individual daily activity plans were not detailed and just gave options for staff to offer, such as board games. Activity plans were kept locked away in the medicine room so not accessible. People did not have access to their own activity plans.

People's needs had not been fully assessed to ensure their care and support was designed and delivered to meet their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We observed staff working with people at their pace, seeking permission to support them, adapting their approach to get the best outcome for people.

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.

At our last inspection, we recommended the provider reviews the provision of activities and meaningful engagement to ensure the interests of people living at Peterhouse were met. The provider had made some improvements but further improvement was needed.

- Although daily activity was sometimes poor, people did have access to occasional outside activities they enjoyed and organised events on special occasions. One person wanted to go shopping in a large shopping centre. Staff worked with them to plan this safely whilst ensuring as much independence as possible for the person.
- Another person liked to go a club one evening a week to dance and have a drink. Staff told us this was the highlight of the week and the person told us they were looking forward to it and having a beer. They had also recently been supported to go on a holiday.

- People were supported to meet their religious preferences and practices.

Meeting people's communication needs

At our previous inspection we recommend the provider develops the use of easy read and pictorial information to ensure they meet the required Accessible Information Standard. The provider had made improvements.

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.

- Care plans included information on effective communication with people. For example, one person's care plan detailed how they had no speech but used their own non-verbal communication. These included head movements, body language and hand gestures to help make themselves understood to others. Key nonverbal communication was detailed in peoples care plans.
- Staff spoke knowledgeably about individual's non-verbal communication. For example, when people expressed, they did not want staff help with certain tasks. One relative told us, "[name] does not have a lot of speech as such but communicates well with those who know them and makes themselves understood."

End of life care and support

During our previous inspection we recommend the provider developed end of life support planning. The provider had made improvements.

- At the time of our inspection visit there was nobody receiving end of life care.
- Records showed people were offered the opportunity to discuss their final wishes including.

Improving care quality in response to complaints or concerns

- The service had information available to people and their loved ones about how to make a complaint. This was also available in easy read format and displayed by the entrance of the home.
- Some relatives told us they had, had cause to complain in the past, but the new registered manager was approachable, listened to and acted on their concerns and complaints in a positive way.
- Most people told us if they had any complaint at all it would be that the organisation didn't communicate as effectively with them as they could. However, acknowledged improvement with this under the new registered manager.

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 under the previous provider this key question was rated as inadequate. At this inspection this key question has improved to 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; Continuous learning and improving care.

At our last inspection the provider did not have effective oversight and had failed to act on all the recommendations and concerns from the previous inspections. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits in place were not always robust and did not always lead to timely action to manage risks. The provider had failed to address all the concerns found at previous inspections.
- On the first day of inspection there were no infection control audits. The manager had introduced a COVID-19 infection control audit and requested night staff complete these, but they had not been done. On the second day of inspection we found staff had been completing them.
- Audits in place to ensure equipment such as wheelchairs were cleaned had not identified they were dirty. We saw a person sitting in a wheelchair which had a build-up of dirt on the arms and wheels. On the second day of inspection this had been addressed.
- The provider had not taken any action to improve the safety of the outside space, despite uneven surfaces being highlighted in the previous two inspections as unsafe so limiting to people with mobility issues.

Systems in place did not always identify risks or where risk was identified did not always lead to timely action. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager understood their regulatory role and made appropriate referrals to external stakeholders such as the local authority safeguarding team and CQC.

At our previous inspections of April 2016, August 2016, December 2016 and May 2018, there was a lack of clear leadership and oversight of the service. The registered manager who was also the registered provider and director of the company continued not to have day to day oversight and management of the service and, despite this being raised as a concern by the local authority and by the Care Quality Commission

previously, no action had been taken to rectify this. This was a breach of regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection the provider had changed and whilst the service continues to require improvement, it was improving under new management. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 5.

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 provider had a duty of candour policy in place and the registered manager understood their responsibilities under this duty.
- The registered manager had not had a complaint about the service in the last six months but relatives had been made aware of how to raise concerns. Some relatives told us they had, had cause to complain in the past, usually around poor communication and lack of meaningful activity, but this had improved under the new manager.
- The registered manager ensured where people living at Peter House had been involved in an incident or accident, relatives were immediately contacted. All investigations were shared openly.

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

- The registered manager carried out bi-monthly staff meetings to discuss the needs of people at the service and also any barriers to quality of care. We saw when issues were raised the manager had addressed these with care staff. However, we found some issues continued to be of a concern. This included poor daily record keeping.
- The service did not hold resident meetings to gain people views of the service. The registered manager told us they instead spent lots of time speaking to people individually. These discussions had not been documented and there was no evidence of the conversations leading to changes and adaptations at the service.
- However, peoples individual key workers would make regular phones calls to family members about how people were doing. They supported people to facetime loved ones on their phones. One relative told us this made them feel reassured their loved one was safe, as they had been unable to visit the service in person for some time.
- The registered manager told us they also held insight meetings, inviting families to come and talk about any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and deputy manager were working with staff to promote a positive culture that empowered people to be active and independent. However, at the time of inspection this needed further improvement.
- Following the inspection the registered manager was able to confirm an activity person had been employed and they were working with staff to increase opportunities for people and review care plan provided.

Working in partnership with others

- The service worked with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The registered manager and staff understood the importance and benefits of working alongside other

professionals and strongly advocated for support when people had mental and physical health concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not always person centred. Care plans were out of date and there was a lack of meaningful daily activity. People were not involved in the running of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place did not always identify risks to people and where risks were identified they were not always acted on in timely way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had a lack of consistently effective systems in place to ensure good governance of the service.