

Peterhouse Care Village Limited

Peterhouse

Inspection report

Church Street
Bexhill-on-sea
TN40 2HF

Tel: 08000121247

Website: www.agincare.com/care-homes/east-sussex/peterhouse-nursing-home-bexhill-on-sea

Date of inspection visit:
20 June 2019
24 June 2019
26 June 2019

Date of publication:
01 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Peterhouse provides nursing and personal care for up to 39 older people who were living with a range of health care needs. This included people who live with a stroke, diabetes and Parkinson's disease. Some people had memory loss associated with their age and physical health conditions. Most people required help and support from two members of staff in relation to their mobility and personal care. Peterhouse is part of a retirement village, with 34 sheltered housing flats and cottages. There were 34 people living at Peterhouse.

People's experience of using this service

The providers' governance systems had not identified the shortfalls found at this inspection. There was a lack of clear and accurate records regarding some people's care and support. The provider had undertaken audits in March 2019, which had identified shortfalls within care delivery. However, these had not been addressed to improve care and treatment for people.

The provider did not have an overview of staff training. The training programme identified that staff had not received training in essential and service specific training, such as fire safety, catheter care and moving and handling. There was also no reflection of the training received from previous provider or staff competencies. Nurse competencies were not up to date according to the providers records. This meant the provider had not ensured that people were supported by trained and competent staff. Notifications had been not always been completed in a timely way to inform CQC and other outside organisations when events occurred.

Both during and following the inspection we have received robust action plans, root cause analysis of wounds and audits that told us of actions taken and to be taken to mitigate risk to peoples' health and wellbeing.

We have also received confirmation of safeguarding referrals made in respect of wounds. We have also received retrospective notifications of serious injuries following the inspection.

People's health, safety and well-being was not always protected, because not all people who lived at Peterhouse had a care plan and risk assessment that reflected their identified needs, such as pressure sores, post stroke pathways and catheter care. Weight loss and weight gain had not always been highlighted and there was no evidence that stated further action had been taken to mitigate risk. Wound care was not always accurately documented and associated risk assessments had not prevented further skin breakdown. Whilst the provider had systems in place to facilitate the analysis of incidents and accidents, these were not fully established. This meant that lessons had not been learnt and preventative measures were not put into place to prevent a re-occurrence. The training records available did not evidence specific training undertaken by registered nurses and care staff to keep people safe and provide safe care and treatment. People were not always protected from the risks of abuse and harm, because systems and processes were not fully established and operated effectively to prevent potential abuse of people who lived in Peterhouse. The registered manager agreed improvements were required for the safe management of 'as required' medicines.

Whilst there were areas of care planning and assessing risk to people that needed to be improved, there were systems to monitor people's safety and promote their health and wellbeing, which included risk of falls and choking. People told us, "I do feel safe, I am looked after," and "I don't have any worries, I am looked after." Visitors told us, "I was concerned about all the staff changes, but its settling down now, I think I can say it's safe here." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had a choice of meals provided and staff knew people's likes and dislikes. Comments included, "Good food," "I like the food" and "Not bad, large portions, plenty of food" Referrals were made appropriately to outside agencies when required which ensured effective care. For example, GPs, community nurses and speech and language therapists (SALT).

People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service and provide feedback. One person said, "The staff are very good, very polite," and another said, "Lovely staff, lots of humour here, nice place to live."

People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families. One person told us. "Staff help me to ring my family, so I can keep in touch with them." The care ensured people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active.

People and families were involved in their care planning as much as possible. End of life care was planned for and some staff confirmed they had received training. There was a satisfactory complaints policy. People also had access to the service users guide which detailed how they could make a complaint. Feedback was sought from people and staff at this time through regular meetings. People told us "I can speak my mind at these meetings and I feel they listen."

The service met the characteristics for a rating of Requires Improvement. We found four breaches of Regulation of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Rating at last inspection

The last rating for this service was Good (published 05/11/2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, lack of training, poor care delivery and not informing CQC of serious injuries. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 consistently safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Peterhouse

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 undertaken by two inspectors.

Service and service type

Peterhouse 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 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.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider since their registration in December 2018. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 12 people and 18 members of staff. This included the registered manager, area manager, deputy manager, who was also the clinical lead, five registered nurses, two housekeeping staff and eight care staff. We also met the newly appointed Chief Operations Officer. We reviewed eight sets of records relating to people including care plans, medication administration records, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at the service.

After the inspection

We contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health and social care professionals.

Is the service safe?

Our findings

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

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.

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

- Following concerns received in respect of people developing pressure wounds at the service, we looked at how staff were managing pressure wounds and skin injuries. We identified serious concerns about the management and prevention of pressure sores.
- People's risk of pressure damage was not reduced because staff had not followed The National Institute for Health and Clinical Excellence (NICE) guidelines on the management and prevention of risk. NICE guidelines state that because pressure wounds once developed, can be very painful, take an extended period to heal and may present a risk of infection, the emphasis must always be on their prevention.
- Risk assessments for wounds were not always accurate or updated to reflect changes to people's skin integrity. The service used a universal pressure ulcer risk assessment/prevention policy tool known as the Waterlow score card. However, this was not always completed when changes were noted in people's skin. For example, one person had a Waterlow risk assessment that stated 'At risk' on the 10 May 2019 and very high risk on the 15 June 2019. There was no action taken by staff at that time, such as regular monitoring or the use of pressure relieving equipment. Staff spoken with could not tell us why the risk assessment was not followed.
- On the 19 June 2019, staff had recorded finding a grade two pressure sore on the person's sacrum. A handwritten entry was made on the care plan and stated a pressure relieving cushion was to be used in the chair and a pressure relieving mattress placed on their bed. Only one of these instructions had been followed. Further skin damage was identified and on the 23 June 2019 the risk assessment score had increased. No body map or care plan for these wounds had been developed.
- There was no reference within people's care documentation that staff had monitored and reported skin changes before the development of pressure sores. This meant that staff were not assessing people's individual risk of skin damage competently and pro-actively. Staff were not confident in recognising skin changes. One staff member said, "We don't always do their feet so may not see their heels unless they are in bed."
- Risk associated with the use of pressure relieving equipment had not always been assessed and used appropriately. For example, six pressure relieving mattresses were set at the wrong setting for individual people. This included two people's mattresses which were on a setting for a person who weighed 80 kgs, double what it should be set on for their weight of below 40 kgs. If pressure relieving mattresses are set incorrectly people are placed at additional risk of pressure damage. This was discussed with the registered manager who immediately requested that all pressure relieving mattresses were set correctly for each person.
- Wound documentation for existing pressure sores and wounds was poor. The care plans for skin integrity/wound care were minimal and contained very little information of intervention or wound status. The NICE guidelines state 'document the surface area of all pressure ulcers in adults. use a validated

measurement technique, for example, transparency tracing or a photograph.' Staff had not followed this guidance or used the SSKIN bundle framework provided by the service provider. There was no reference to the status of the wound such as appearance, depth and length.

- There was no reflection of whether the wound was healing or was deteriorating. Staff told us that one person's wound had been a grade four and now was a grade two, showing significant improvement, however there was no recorded or photographic evidence to support this. This could cause difficulties for the next registered nurse when they dressed the wound as there was no information to guide them.
- Most people had pre-admission assessments before they moved into Peterhouse. These were undertaken by a senior staff member to ensure the service and staff could cater for people's care needs. However, one person recently admitted needed a pressure relieving mattress for the prevention of pressure sore due to their frailty and inability to move themselves. This had not been adequately planned for and it was three days before a pressure relieving mattress was provided. This meant that the risk of pressure damage had not been mitigated for this person.
- People with catheters (a tube to drain urine) did not all have guidance in their care plan to guide staff in how to deal with the urinary problems they may experience. For one person, we saw evidence of high number of bladder washouts and changes of catheter but no record as to what was achieved and if the re-catheterisation had caused further trauma or discomfort. We saw one entry in the medical record that identified a discharge around the catheter, but there was no record of actions taken or whether it had been resolved.
- The training records available did not evidence specific training undertaken by registered nurses and care staff to keep people safe and provide safe care and treatment. For example, only three care staff and two registered nurses had received catheter care training. There was also no record of registered nurses attending a course or an update in male and female catheterisation or whether they were competent in male and female catheterisation. According to the training programme provided, none of the staff had attended a wound care course and there were no records in staff files that this had previously been undertaken.
- The provider had systems in place to facilitate the analysis of incidents and accidents, however this was not fully established. For example one person had had recurrent falls and on discussion with staff and the visiting physiotherapist it was thought that the falls were due to the fact the person tried to reach the commode on their own. Staff had not tried different arrangement in the room such as moving the commode. This meant that lessons had not been learned and preventative measures were not put into place to prevent a re-occurrence. This was fully discussed with the registered manager.
- Medicines prescribed on an 'as and when required' basis (PRN) did not all have guidance and protocols which informed staff of when the medicines may be needed. For example, one person was prescribed a muscle relaxant but there was no guidance for staff to recognise when it may be required or if it had been effective. We also found just in case medicines for symptom relief at end of life had no guidance available as to when it may be needed or pain charts in use to monitor their symptoms. This meant that people at this stage of their life may not get the medicines they require.
- Accidents and incidents were not always documented and recorded. Incidents and accidents had not been cross referenced into the risk assessment or care plan to prevent a re-occurrence. For example, one person had had two falls in two consecutive days with only the first recorded. The second fall had resulted in severe facial bruising and the fall had not been recorded as an accident or reported to CQC or the local authority. There was no record of what action had been taken following this fall or if any head injury observations had been taken. The accident had not been entered in to the risk assessment and the person's physiotherapist had not been informed.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This meant that people's safety and welfare had not been

adequately maintained at all times. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection process, the management team provided action plans of what they had started to reduce risk to the people they supported and cared for.

Whilst we have highlighted above the areas of risk management that needed to be improved, we also saw some good examples, such as risk of falls or risk of choking. Staff reviewed the risk assessments monthly and put actions in place to reduce these risks. For example, ensuring people who were at risk of choking were provided with a pureed diet and modified texture fluid. People who were identified at risk from falls had had an assessment that highlighted the risk and described the actions staff should take to reduce that risk.

- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments had been reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Using medicines safely

- People's medicines were administered safely.
- At the Peterhouse Care Village, senior care staff as well as registered nurses gave people their medicines. Medicine givers were trained to handle medicines in a safe way and completed competency assessments. However, two of the three senior care staff had not received an annual refresher. This had been identified by the provider and a refresher booked.
- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. We saw medicines remained stored securely.
- Medicines were supplied to the home in boxes and there were systems for staff to check medicine numbers daily to ensure any discrepancies were identified and acted on. The provider was aware that this still needed to be improved as the records were inconsistently recorded.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they were confident of the signs of abuse and how to report safeguarding concerns. However, when they discussed the types of abuse, they had not considered the development of pressure sores acquired in the home as potential neglect or of any care delivery shortfalls as possible abuse or neglect of care.
- It was identified during the inspection that four people with pressure damage should have been referred to the local authority for investigation of neglect. The area manager undertook a root core analysis of each persons and made appropriate referrals to the local authority during the inspection.

People were not always protected from the risks of abuse and harm. Systems and processes were not fully established and operated effectively to prevent abuse of service users. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2019.

- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and

inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age. Staff told us that they felt that they were treated fairly, one staff member said, "We are all treated the same here."

- There was a safeguarding folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. Staff told us these were discussed and highlighted areas to improve.

Preventing and controlling infection

- The premises and equipment were clean and free of odour.
- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons. Our observations told us that staff had a good understanding of infection control procedures and we saw good practices from all staff throughout our inspection.
- Staff confirmed they had received training in infection control measures. However the training programme identified that 37 % of staff had not received training in infection control. Staff we met, could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that govern the service.

Staffing and recruitment

- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's primary care needs were being met.
- People told us, "I think the staff levels are good, I certainly get all the care I need," and "When I need help, they come quickly," and "Enough staff, but a lot of changes, new faces and that's a shame."
- Staff told us that there had been times at night when they had not had enough staff to do their job safely and well. This was contributed to by night care staff answering call bells in the adjoining assisted living flats. This had been recognised by the management team and the numbers of night staff increased to ensure staffing on the care wing was not affected. This was confirmed by the duty rotas over the last six months. Clarity was needed on the answering of emergency call bells in the flats as staff were not clear of their responsibility.
- Staff also said, "There seems to be enough staff most of the time" and "There is always someone in here (lounge) and if they (residents) need help, they get it." We are aware that there have been concerns raised in respect of staff turnover. The provider is aware of these concerns and reassurances and explanations had been given at resident and relative meetings and staff meetings.
- We looked at four staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- The recruitment audits recently undertaken had identified that some information on staff from the previous provider were in need of updating, such as DBS checks. This had been taken forward by the management team.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The training programme provided, identified that not all staff had been provided with training in essential areas such as fire drills, fire safety and moving and handling. For example, only 60% of staff had received fire training and fire drills. Only 70 % of clinical staff were up to date with moving and handling training. Further gaps in training and lack of competency assessments were identified and discussed with the registered manager.
- Staff told us they had only received training booklets with no face to face training and felt training needed to be improved. One staff member said, "I took my booklets home and completed them but that was months ago and I have no idea if I passed or what mark I got." Other staff said, "We do need more training not just booklets, we need to be able to discuss things and know why we do certain things for safety."
- During the inspection process, we requested further information regarding training provision at Peterhouse. We received confirmation that the training programme needed further auditing to reflect training from the previous provider as they could not find the old records of staff training or competencies. This has been addressed under the well-led question.
- It was acknowledged that staff supervision and registered nurse clinical assessments were behind, but actions were being taken by the registered manager to ensure that all supervisions, were brought up to date. We saw evidence of this within the action plan supplied by the registered manager.
- Staff received an induction and shadowed experienced staff before they worked with people on their own. The organisation had created their own version of the Care Certificate. New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Following the inspection we were informed that training of staff has been escalated to a priority and all staff would receive full training which includes, online, face to face and competency booklets. This was an area that requires improvement.

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

- Staff monitored peoples' weights and recorded these on the nutritional assessment. The registered manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. However as identified in the safe question, there were shortfalls found. Staff, including the chef were not aware of some peoples' weight loss and weight gain. This meant that the chef had not been given the opportunity of ensuring fortified food for people to prevent further weight loss or pressure damage.
- Fluid and food charts were not consistently recorded for those at risk of dehydration and malnutrition,

and staff therefore lacked oversight of how much people were eating and drinking. We asked staff about one persons' fluid intake as the records showed they had been drinking less than 500 mls for the last two days. They had not been informed of this or asked to encourage fluids. This meant that the person may become dehydrated and develop other linked problems, such as confusion and urine infections.

- People told us that the food was good and there was plenty of choice and variety. Comments included, "Really tasty meals, sometimes the meat is chewy but usually very good," "Lots of choice, we can have what we fancy really, homemade cakes, nothing to grumble at," and "Excellent now, we have a new chef, much better."
- There was a choice of two dining rooms at the home. People chose where they wanted to eat their meals and we saw some people remained within their friendship groups. Some people chose to eat in the dining areas and others remained in their bedrooms. People told us, "I like to go to the dining room, its enjoyable to sit with friends." People were provided with a choice of freshly cooked meals each day, this included a cooked breakfast if people wished. There was a set meal at lunch time or people could choose alternatives if they preferred. We saw people eating a variety of meals of their choice each day. One person said, "There's always something to tempt you."
- People's food preferences were considered when menus were planned. The head chef told us they had a list of peoples' preferences and dietary requirements and knew who required special diets and fortified food. However, we have highlighted that communication from the care team to the kitchen had not ensured the chef was informed of peoples weight loss or need for fortified food to assist healing of wounds.
- There were appropriate risk assessments and care plans for nutrition and hydration. The care plans identified what assistance was required and how staff could assist. Where people needed support, this was provided appropriately. We observed staff sitting on chairs and maintaining eye contact with people. They spoke softly and asked if they would like more food or offered alternative choices.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) had been made when necessary. Emergency equipment such as a suction machine was available in the clinical room. All care staff and registered nurses had received training in what to do if someone choked.
- People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented to encourage people to eat. Staff assisted those that required assistance with eating in an unhurried way.

The provision of food and fluids were identified as requiring improvement to ensure that people consistently received a good standard of nutrition and that their dietary needs were monitored appropriately.

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

- Peterhouse was purpose built and part of a retirement village with self-contained flats with access to joint communal areas.
- There were lounges, dining rooms and a residents' bar that can be used by peoples' family and friends. The care wing had bedrooms on the ground floor and the first floor. The ground floor rooms provided access to the garden and courtyard. The first floor was fully accessible, by stairs or a lift.
- People made use of all the communal areas on both floors. People could choose to sit in the spacious lounges, dining areas or in their own rooms.
- People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests such as photographs of family and pets. As rooms became vacant they were redecorated
- The garden areas were safe and suitable for people who used walking aids or wheelchairs.
- Throughout the building there was clear signage that helped people find their way around the building. Notice boards contained information about the home, activities, religious services and first aiders.

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

- Peterhouse ensured joined up working with other agencies and professionals to ensure people received effective care. We saw evidence of multi-disciplinary team meetings to discuss people's needs and wishes. One person's PEACE plan (Proactive Elderly Persons Advisory Care plan) reflected the person's wishes and was very clear about the actions the person wanted at this stage of their life. A PEACE plan is an advanced plan to guide staff to care for people with life limiting illness in the last year of their life. There was involvement with the person, GP, surgery nurse, consultant, family and the staff at Peterhouse.
- The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT).
- People were assisted with access to appointments. People told us, "The staff arrange my hospital appointments and will come with me," and "I see my doctor and chiropodist."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. We saw staff approach people and ask their consent before assisting them with personal care or their food and drink. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had good relationships with people, and appeared to know them well. Staff were seen to be caring towards people, and respected people's wishes.
- People were treated with kindness and were positive about the staff's caring attitude.
- We asked people if they were treated in a kind and respectful manner and responses were positive. One person said, "Very good here, all very caring, the cleaners and the maintenance people all stop and chat." A second person told us, "No problems with staff, all good."
- We saw friendships had developed between people, they greeted each other by name and asked how they were. People called out to each other and one person told us, "I used to live in the flats and my old friends come and see me and I go up to the coffee bar to meet up with people."
- Equality and diversity continued to be promoted and responded to well. People told us that their religious needs were respected. One person said, "I have been to the communion and there is a lovely church next door."

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

- People and families continued to be involved in reviews. People told us they had been involved in planning their care. One person told us, "I see the doctor regularly and staff explain if I need changes to my pills or need tests."
- We saw staff supported people to wear clothes of their choosing. One person said, "The staff help to co-ordinate my clothes, I choose what I want to wear and rely on staff to help."
- Records confirmed regular meetings were held with people and their relatives to discuss if they were satisfied with the care and any changes that they might like to make.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and make decisions about the care.
- We asked people if they were involved in planning their move to the service, one person told us, "It was my decision, I looked at a few homes, but this is near my friends and family."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy and at the same time they knock on my door and ask if I am okay." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I visit."
- Staff encouraged people to be as independent as possible. People told us "Staff encourage me to walk with my walker, I like my independence and here I can do what I want. I can choose when I get up and go to bed; I like to get up early and staff pop in if I need any help." A second person said, "Staff are kind and

helpful, I struggle with dressing but they let me do it in my own time."

- We observed staff continued to treat people with dignity and respect and provided support in an individualised way. We saw staff sitting beside people and prompting them to eat independently.
- A visitor said, "When I visit I notice that staff prompt and encourage my relative to make choices and always consult them about things."
- We saw that staff were respectful in the way that they spoke with and cared for the people they supported. Staff offered people clothes protectors before meals and told them what they were doing. When people required a change of clothing, they spoke with the person quietly and asked if they could go to their room to change their clothes.

Is the service responsive?

Our findings

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

Requires improvement: 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

- The provider had not ensured each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences.
- Pre-admission assessments were part of the organisational policy for all new people coming to live at Peterhouse. This was to ensure that they could meet people's needs and preferences.
- However this had not always happened. One person had been living independently in the adjoining flats. Following discharge from hospital they had lived in the care wing of Peterhouse. There was no information about their admission or discharge to and from the hospital and staff had not completed an assessment. . This meant staff did not have the information needed to ensure their care needs were met. For example, there was no information about the reason for admission to hospital or the reason why they had come to live in the care wing.
- Care plans and treatment plans had not been developed to reflect people's care needs. For example, people who had suffered a stroke, had not had an assessment of their mobility and no reflection how the weakness had affected their capability of managing everyday activities, such as washing and dressing.
- One person had returned from hospital following an injury. The hospital had commented that the personal care had been lacking and that the home care staff should assist with personal care when dressing their wounds to legs, sacrum and groin areas. However, there was no guidance for this found in the care plan. Staff told us the person liked to be independent and they supported with a shower, however this person told us that they couldn't have a shower because of their dressings. This meant the person had not had the assistance they required and staff were not monitoring their personal hygiene.
- Another person did not have important health factors recorded such as deep vein thrombosis and staff on two occasions documented that a cushion should be placed under calf to elevate foot which potentially could cause further complications.
- Some health care professionals reported that communication from the service and people's care documents were not consistently completed. They told us staff were not always knowledgeable about people's current needs and found it difficult to assess from the care records on people's progress and whether their recommendations had been consistently acted on.
- People's care records had not always been updated promptly following accidents or incidents to ensure staff always had current information about the care people required.

The evidence above demonstrates that delivery of care was not responsive to people's individual needs. This meant that people had not received person-centred care that reflected their individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we found areas of person specific care that needed improving, we also found examples where people were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about the care they received. One person said, "Staff are good, they support me to live a normal life, they know I like to spend time in my room and always pop in to make sure I'm okay." Another person said, "I go to functions and I like to have lunch in the dining room, staff always make sure I'm there in time."
- Some people could tell us they were involved in planning their care. One person said, "Staff talk to me about my care." A care staff member said, "We try to involve people as much as we can, but we know some people can't because of their health." They provided examples of people choosing to have a wash, shower or bath according to preference, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Reviews took place to ensure people's needs were being met to their satisfaction and involved their family or legal representative, when necessary. Where an advocate was needed, staff supported people to access this service.

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.

- People's communication and sensory needs were assessed, recorded and shared with other health care professionals.
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication. There was pictorial signage around the home to help people orientate. Menus were displayed on blackboards and changed daily. Throughout the communal areas the date, weather and time was correctly displayed in a format suitable for older people. Clocks were large and easily seen.
- Technology was used to assist people in communicating with families and people were supported by staff to ring or contact their families at any time should they wish.
- We observed staff using different methods to communicate with people. This included writing things down for a person who was very hard of hearing. A care plan stated staff should speak slowly and always facing the person to enable them to lip read.

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 information in the care plans about people's personal histories, likes, dislikes hobbies and interests. This information was used to support people to take part in activities or continue with their hobbies and was included in a care plan to guide and support staff.
- Staff knew people's personalities well. People who were able told us they had plenty to do. They were able to continue with their own interests and take part in new ones. One person told us they went out with family or friends. They also told us they met previous neighbours in the coffee area or they came to their room. People who were able went out for walks around the gardens.
- We were told that most of the activities used to take place in the day centre attached to Peterhouse which also served the people who lived in supported living accommodation. However this had recently closed. The activity co-ordinator had also left and the registered manager confirmed they were recruiting to the post. This had left a gap care staff were presently filling. We saw care staff spent time with people in the communal lounges playing board games and painting nails. There was also an 'Ascot function' which people attended and thoroughly enjoyed. One person told us, "I had fun making my friend an ascot hat, I hope she will wear it."

- There was a range of activities taking place some of which were provided by outside organisations. People talked of exercise classes and entertainers which they had enjoyed. People had access to trips out in the services own mini bus. The daily records however did not reflect the social aspects of peoples' daily life. There was little evidence that people who remained in their rooms had dedicated one to one time with staff on a regular basis. This was something that the registered manager had identified as an area to improve.
- Photographs of activities and events demonstrated people had enjoyed barbeques that had taken place throughout the summer and various trips out. People's birthdays and special occasions such as Christmas were always celebrated. One staff member said, "We celebrate birthdays, Easter, Christmas and other special occasions."
- People were supported to follow their religious preferences and could attend holy communion in the day centre once a month. There was also the opportunity for people to attend local churches or invite a spiritual leader of their choice into the home.

Improving care quality in response to complaints or concerns

- A complaints policy was in place; a copy was displayed on the notice board near the entrance to the home.
- There were processes, forms and policies for recording and investigating complaints.
- There was a satisfactory complaints policy. People also had access to the service users guide which detailed how they could make a complaint.
- People told us they knew how to make a complaint. One person said, "I would speak to a staff member, I also have a complaint form in my drawer if I need it." A second person told us, "I've got no complaints, I get niggles, but they get sorted out, I grumbled about my food and I was given a different meal." A third commented, "I got information about this, when I moved here and I would tell the receptionist if I was making a complaint but I've no complaints."
- We saw formal complaints and concerns were logged and responded as per the organisational policies. For example, one complaint was received, investigated and responded to with a full explanation of the investigation. Actions taken had ensured the issue was resolved and not occur again.

End of life care and support

- Some staff told us they had attended palliative/end of life care training. One member of staff said, "I hope we can get some more training, it's so important to get it right."
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported people's health and comfort. This included regular mouth care and position moving. We were also told that families were supported and they could stay and be with their loved ones at this time. Staff told us they were emotionally supported by senior staff when people died.
- There was a provider policy and procedure containing relevant information. Staff demonstrated they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home when this was the person's wish.

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.

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

- The registered manager was aware of their responsibilities to run a caring and effective service which protected people from harm. However they did not have suitable arrangements in place to assess and be assured that people received care and treatment which was safe, effective and responsive to their needs.
- Concerns raised by the senior management team and findings from the provider's governance systems and internal audit (carried out in March 2019) had not led to sufficient improvement to address and meet the regulations in a timely manner. We were told the audits had identified some of the areas we raised as concerns, such as wound care, but these had not improved peoples' outcomes in the three months since their audit had identified them. We were told that one action taken in March 2019 was to complete body maps on all the people who lived in the service. However, these could not be found during the inspection.
- The organisations' quality assurance systems demonstrated there were gaps in staff training but whilst identified, training had not been organised. This meant the provider and registered manager had not assured all staff had the necessary skills to provide safe care to the people they support. For example, we identified gaps in fire training and moving and handling.
- Competency for trained staff on service specific care such as venepuncture (blood taking), wound care and catheter insertion were not available. We are awaiting further confirmation of the competency status of staff framework from the provider.
- Not every person had a care plan that reflected their specific needs Risk assessments for people were not all in place and some had not been updated to reflect changes to their health and skin disorders. For example, one person had a care plan that identified they were at risk but no action had been taken, and the person developed pressure damage, therefore systems to prevent further skin damage were not evident. These were put into place during the inspection process and we received documental evidence these had been completed.
- The registered manager had a weight 'tracker' and this identified significant weight loss and weight gain from January to June 2019 which had not been highlighted or evidenced any action taken.
- Accidents and incidents had not all been documented and therefore analysis to identify trends and themes had not been completed. We could not track all accidents as not all documentation was available.
- Pre-admission assessments had not always been completed, which meant the staff could not effectively plan for peoples' care and mitigate risk and this led to inaccurate and incomplete care planning.

The above examples, demonstrated that the quality assurance framework was not consistently robust and the service had failed to maintain accurate, complete and contemporaneous records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Both during and following the inspection we have received robust action plans, root cause analysis of wounds and audits that told us of actions taken and to be taken to mitigate risk to peoples' health and well-being. We have also received confirmation of safeguarding referrals made in respect of wounds.

- Staff had clearly defined roles and were aware of the importance of their role within the team. The staff worked hard but admitted that changes to staff, staff leaving and to deployment of staff had caused disruptions to the improvements made to care delivery. However, they felt things were now moving forward again. There was a strong sense of loyalty within the workforce and a commitment to improve.

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

- People and relatives said Peterhouse provided the support they needed in a well-kept environment. We received positive comments that included, "Lot of changes but it's settling now, I'm very happy here."

- The management team and staff said feedback was consistently sought to make sure they met people's needs by regular meetings since Agincare took over the service. Surveys under the new organisation were due to be sent out in the near future.

- The staff were not all positive about the changes and felt unsettled about staff leaving and changes to management and training provision. Comments included, "It's very different, not sure of how it's going, I am leaving soon," "It's had its ups and down, staff leaving has unsettled us all, because it means new staff and it takes time for new staff to know our ways." However, there were staff that also said, "I love working here and its going forward." Staff meetings were being held and supervision rolled out for all staff to support them during these changes.

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

- The registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred.

- The service however had not always notified us in a timely way of all significant events which had occurred in line with their legal obligations. We have received retrospective notifications of serious injuries.

- People had been reassured about the changes since the service changed hands in December 2018. There was evidence that changes within the service were discussed at regular meetings with people, staff and relatives. Changes to the service were also discussed in newsletters. We were aware that families, staff and people who lived at Peterhouse still had concerns about the staff turnover and staff leaving. We have been told that this was being re-addressed at every meeting to re-assure people. The operations director confirmed that senior management would attend the next meeting for people and relatives to answer any queries and re-assure them of the future at Peterhouse.

- The registered manager had developed and continued links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager had contacted a GP about a person's medicines and a review had been arranged to ensure they had the medicines they needed.

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
Treatment of disease, disorder or injury	The provider had not ensured that the care and treatment of service users was appropriate, met their needs, and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider had not ensured the proper and safe management of medicines.</p> <p>The provider had not ensured that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so safely.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had not ensured that systems and processes had been established and operated effectively to prevent abuse of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided.