Popular Care Ltd

Peterlee Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 15 and 17 April 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. On the 7 May 2014 the Care Quality Commission (CQC) completed an inspection and we informed the provider they were in breach of the following regulations:

- Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 (Outcome 4): Care and welfare of people who use services, as the service was not taking proper steps to ensure that people's care had been appropriately assessed, planned and delivered.
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 (Outcome 1): Respecting and involving people who use services, as the service was failing to take people's views and experiences into account in the way the service was provided and delivered in relation to their care.

Whilst completing the visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider had ensured improvements were made in these areas and these had led the home to meeting the above regulations

Summary of findings

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Peterlee Care Home provides nursing care and accommodation for up to 44 people. During our visit the service provided care to younger people with learning disabilities and people with older age conditions. On the day of our inspection there were 36 people using the service. The home was undergoing a planned programme of building work and refurbishment during our visit.

People who used the service and their relatives had conflicting views about the standard of care at Peterlee Care Home. All the care records we looked at showed people's needs were assessed before they moved into the home.

Care plans and risk assessments were in place when required but were not always person-centred and reflective of people's needs. Staff used a range of assessment tools however these were not always well completed or up to date. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions.

The provider had procedures in place for managing the maintenance of the premises and there were appropriate security measures in place to ensure the safety of the people who used the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service. Training records were up to date and staff received supervisions and appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the MCA and DoLS.

People were protected against the risks associated with the unsafe use and management of medicines.

We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required.

The home had a programme of activities in place for people who used the service.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

The provider consulted people who used the service, their relatives and visitors and stakeholders about the quality of the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Is the service effective?

Requires Improvement

The service was not always effective.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions.

Staff were supported to provide care to people who used the service through induction and a range of mandatory and specialised training.

People had access to food and drink throughout the day and we saw staff supporting people when required.

Is the service caring?

Good

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Bedrooms were very individualised with people's own furniture and personal possessions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were not always person-centred and reflective of people's needs. Staff used a range of assessment tools however these were not always well completed or up to date.

The home had a programme of activities in place for people who used the service.

Summary of findings

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance systems in place were not always sufficiently effective to assess, monitor and drive improvement in the quality and the safety of the service provided.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

Peterlee Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 17 April 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and a specialist adviser in nursing.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff.

Concerns were raised by infection control staff about the cleaning schedules for domestic staff not being finalised and commissioners raised concerns about the completion of nutritional assessments, inconsistent handover over arrangements and the lack of risk assessment training.

During our inspection we spoke with four people who used the service and three relatives. We also spoke with the registered manager, regional manager, deputy manager, a nurse, the activities co-ordinator, three care staff, the cook and a domestic.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

For this inspection, the provider was not asked to complete 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. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Peterlee Care Home. They told us, "yes they're safe" and "yes, wouldn't have her anywhere else, it's homely".

Peterlee Care Home is a detached, two storey building in its own grounds. The home comprised of 44 single bedrooms, all of which were en-suite. We saw that the accommodation included several lounges and dining rooms, several communal bathrooms, shower rooms and toilets. All were spacious and suitable for the people who used the service. There was also an enclosed garden with a patio area. We saw that entry to the premises was via a locked door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

On the first day of our visit we saw that one of the bedrooms and some of the communal bathrooms were not clean and tidy. The cleaning schedules we looked at had not been completed since March 2015 and lacked detail about the areas to be cleaned and the frequency. We discussed this with the registered manager and the domestic on duty who agreed to address this issue. On the second day of our visit we saw the home was cleaner and the cleaning schedules had been reviewed. From the training records, we saw that all staff had completed infection control training and the deputy manager was the infection control champion for the home.

We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Maintenance checks had been carried out for window restrictors in April 2015. Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw the slings and hoists had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in April 2015 and the passenger lift had been inspected in July 2014.

Maintenance checks had been carried out on the nurse call system in April 2014. Call bells were placed near to people's beds and chairs. On the first day of our visit we checked the response time, by staff, to the call system on the upstairs unit. We pressed the call bell in a person's bedroom and noted that the call bell could be cancelled by someone pressing a button on the main nurse call indicator panel in the corridor without a staff member attending the person's room. We raised this with the registered manager, who requested the issue be addressed immediately by the maintenance man.

We looked at the records for portable appliance testing, the electrical installation certificate and the gas safety certificate. All of these were up to date. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the providers accident and incident reporting policy and the monthly accident audit dated March 2015. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire drills were undertaken and a fire risk assessment was in place. We saw people's care files contained a personal emergency evacuation plan (PEEP). This described the emergency evacuation procedure for the person who used the service. This included the person's name, room number, impairment or disability and assistive equipment required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We looked at the provider's staff levels policy and discussed staffing levels with the registered manager. She told us that the levels of staff provided were based on the dependency needs of the people using the service. We saw there were eight members of staff on a day shift, which comprised of a nurse, two seniors and five care assistants. The night shift comprised of a nurse, two seniors and two care assistants. We observed plenty of staff on duty for the number of people in the home and call bells were answered promptly. People and their relatives told us, "It's ok, all the staff help each other" and "There is not enough staff upstairs". The staff we spoke with told us there were enough staff on duty most of the time.

We saw a copy of the provider's safeguarding adult's policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that

Good

Is the service safe?

where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, national insurances cards, driving licences and bank statements. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We discussed the medicines procedures with the deputy manager, the nurse on duty and looked at records. On the first day of our visit we looked at the management of medicines and found that the service had a range of policies in place ranging from January 2011 to January 2014. The deputy manager told us that staff referred to the 2011 medicines policy. On the second day of our visit the deputy manager showed us a copy of the National Institute for Health and Care Excellence (NICE) guidance: managing medicines in care homes, May 2014; which provided recommendations for good practice on the systems and processes for managing medicines in care homes. She told us she would discuss the requirement for an up-to-date medicines policy with the registered manager.

We saw medicines were stored securely in locked, organised medicine trollies which were secured to the wall in a medicine treatment room which was kept locked at all times when not in use. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. The medicine round was undertaken in a timely manner. We observed staff checked people's medicine on the Medicines Administration Record (MAR) chart and medicine label, prior to supporting them, to ensure they were getting the correct medicines. Medicines were not left unattended and the trolley was locked between each administration.

Medicines that were required to be refrigerated were kept appropriately and the temperatures recorded were within recommended levels. We looked at a sample of five medicines and found they were all in date and stored appropriately. We saw at the front of the MARs a list of review dates when people's medicines were to be reviewed by the General Practitioner. Staff who administered medicines were trained and their competency was observed and recorded by senior staff. A member of staff told us she had received medicines training via Boots approximately a year ago and that her competency training was due. This meant there were measures in place to ensure staff consistently managed medicines in a safe way.

Requires Improvement

Is the service effective?

Our findings

People who lived at Peterlee Care Home received care and support from trained and supported staff. A relative of a person who used the service told us, "Been brilliant, can't fault it. We went to see four homes and it was the staff who made it, the minute we walked in the door there was a nice feeling. Within five or ten minutes staff asked if they could do anything for us. They were very friendly; staff introduced themselves, even kitchen staff."

We looked at the training records for four members of staff and we saw that staff had received an induction. The induction included the history of the organisation, philosophy and principles of care, organisation structure, tour of the home, safety and security, working as a team and communication. The training records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, first aid, health and safety, fire safety, medicines, safeguarding, infection control, food hygiene and control of substances hazardous to health (COSHH). In addition staff had completed more specialised training, in for example, dementia awareness, dignity in care homes, positive risk taking, equality and diversity, information governance, conflict resolution, basic life support, learning disability awareness, reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR), management of diabetes, pressure ulcer care, falls prevention and introduction to cancer and palliative care.

Records showed that most of the staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. We saw evidence of planned training in 2015. For example, we saw evidence of emails sent by the registered manager to request staff were booked onto training for safeguarding (23), dementia awareness (4), health and safety (30), emergency first aid at work (30) and safe handling of medicines (7). Staff files contained a record of when training was completed and when renewals were due. We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

We discussed supervisions and appraisals with the staff who told us, "I have a supervision every two months" and I had an annual appraisal in January 2015 and I discussed support and my new role". Discussion items in supervisions included, for example, job role, holidays, concerns, issues, training and policies and procedures. This meant that staff were properly supported to provide care to people who used the service.

We saw there were robust handover arrangements in place for staff to communicate people's needs, daily care, treatment and professional interventions between shifts both orally and in writing.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLs with the registered manager, who told us that there were DoLS in place and in the process of being applied for. A care file we looked at did not include an assessment to check whether the care plan would amount to a deprivation of the person's liberty, for example, in [Name]'s care file we saw that bed rails were in use and we did not see written applications authorised by the local authority. We discussed this with the registered manager who told us she would address this issue immediately.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We saw assessments had been completed in accordance with the principles of the MCA. Records we looked at provided evidence that an assessment had been undertaken of a person's capacity to make particular decisions. We saw the MCA part 1 assessment and the MCA part 2 Best Interest Decisions section had been completed by the nurse and people who knew the person were involved in the decision. This meant the person's rights had been protected as unnecessary restrictions had not been placed on them. We also saw staff had completed training in the MCA and DoLS.

We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that

Requires Improvement

Is the service effective?

consent forms had been completed in two of the care records we looked at for taking photographs. These had been signed by the person who used the service or their representative.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We saw a menu displayed in the entrance to the dining rooms which detailed the meals and snacks available throughout the day. We observed staff chatting with people who used the service. The atmosphere was not rushed. People who used the service told us, “Food is nice, if you ask for more you get it”, “meals are alright”, “plenty of food” and “I like the meals”

We looked at records and spoke with the cook who told us about people’s preferences and special dietary needs. We saw kitchen notification forms in care files which detailed people’s food likes, dislikes and dietary needs. We observed staff giving people a choice of food and drink. From the staff records we looked at, we saw that some staff had received specialist training in nutrition and hydration and percutaneous endoscopic gastronomy (PEG) feeding, which is a method of feeding through a tube for people unable to eat or swallow food safely.

The home was undergoing a planned programme of building work and refurbishment during our visit. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions. On the first day of our visit we saw no signage on communal toilet, bathroom or utility room doors. All bedroom doors were numbered. We saw handrails were not clearly identified and all the passageways and doors were painted the same colours.

We spoke with the registered manager about the good practice guidelines in the design of homes and living spaces for people with dementia. The registered manager told us that the refurbishment

should be completed by December 2015 and that there were plans to improve the design and layout of the home to support the orientation of people with dementia. She also advised that there was work currently in progress to replace the windows, expand the size of the laundry, replace carpets and to refurbish a downstairs wet room. There were also plans to provide a hairdressing salon and a sensory room. We observed some of the work in progress and the measures put in place to reduce the impact on the people using the service from the disruption.

Good

Is the service caring?

Our findings

People who used the service and their relatives had conflicting views about the standard of care at Peterlee Care Home. People told us, "I feel I am well looked after here", "Staff are brilliant" "Couldn't get anything better", "It's friendly and nice", "Champion, place could be better and I know they are doing work to make it better" and "I am alright". While others said "I am not so keen on [Name], she will not speak to you and walks straight by, [Name], [Name] and [Name] are very friendly", "Staff are very approachable and to a certain extent things agreed get done".

People we saw were well presented and looked comfortable. Bedrooms were very individualised with people's own furniture and personal possessions. We observed staff talking to people in a polite and respectful manner, interacting with people at every opportunity, for example, we heard a member of staff ask a person about when their relatives would be visiting next and another staff member was discussing their plans for the weekend with a person. Staff told us, "I love caring for the residents", "I like to have a cuppa and a chat with the residents" and "I like looking after the residents".

We observed staff supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

We spoke with staff about the people they cared for and they told us about people's likes and dislikes. They spoke about people warmly and gave us information to indicate they knew about the people they were caring for. For example, staff told us "[Name] likes their bedroom dark on a night to help them sleep", "[Name] is hoping to go to Blackpool on holiday" and "[Name] loves football".

We observed several people who used the service in the activities lounge. Some people were doing a jigsaw and some were watching the television. The people we spoke with told us "I am going to Durham tomorrow shopping" and "I walk, watch television and I am happy by myself".

We saw a guide in one of the upstairs lounges which recorded people's preferences about the programmes and music they liked and disliked to watch or listen to. For example, "[Name] likes news but dislikes sport" and "[Name] likes ABBA and pop music".

We saw the nurse on duty explained to people what medicine they were taking and why. She also supported people to take their medicine and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medicine. We saw the nurse remain with each person to ensure they had swallowed their medicines.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. We spoke with a relative of a person who used the service who told us, "I have been involved in the care plan, more so since [Name] has been in hospital".

We saw a Do Not Attempt Resuscitation (DNAR) form was included in a person's care file; however this form had been completed by a hospital consultant when the person was in hospital. We spoke with the deputy manager who told us they would contact the General Practitioner to discuss this further. We saw an end of life care plan in the person's care file dated 29 January 2015. This meant that up-to-date information was available to inform staff of the person's wishes and to ensure that their final wishes could be met.

Requires Improvement

Is the service responsive?

Our findings

Family members we spoke with had conflicting views about whether their relative's health needs were being met. They told us, "I've not felt happy leaving my husband", "It took three days to get antibiotics for [Name]", "I am worried they are not keeping an eye on bowel movements", "I have not seen my mam's keyworker in five weeks, how can they keep up-to-date with her needs" and "I voiced a concern in relation to repeat medication. The manager and deputy manager sorted it. There were new MAR sheets put in place and it put my mind at rest".

We looked at care records for four people who used the service. Care files were simple to navigate, with risk assessments and care plans/evaluations in consecutive order. There was limited information about people's life history, such as key events in their life, work history, spirituality, hobbies and interests and information was seen to be out-of-date; this was also noted on the 'care audit and action plan dated 14 March 2015'. This meant that information was not available to give staff some insight into the interests of a person, to enable them to better respond to the person's needs and enhance their enjoyment of life.

Pre-admission assessments had been carried out. We saw information had been transferred from the previous provider which demonstrated an assessment of people's needs had been undertaken before their admission to the service. We also saw an initial assessment in the care files which detailed an assessment of people's needs on their admission to the service. At the front of people's care files we saw their allergies were noted and marked in red ink. The names of their named nurse and key worker were also recorded.

Care plans were in place for mood and behaviour, communication, medicines, continence, nutrition, mobility, oral health, skin integrity and end of life. Each care plan contained a dependency needs evaluation. Care plans did not always fully reflect the needs and support people required, which meant that people's needs may be missed or overlooked. Care plans were reviewed monthly/or as necessary and we saw a plan detailing when and who should review the care plans.

From the documentation we viewed there was insufficient detail on the care needs, support, actions and responsibilities, to ensure person-centred care, tailored to the individual, was provided to people who used the service. For example, a mood and behaviour care plan stated "distraction techniques during day" and a communication care plan stated "non-verbal cues are observed".

This meant that there was limited guidance provided to staff so that they were able to manage situations in a consistent and positive way.

In the care records we looked at we saw no evidence that people or their relatives had been involved in care planning. This meant that people may not have been consulted about their care. The deputy manager told us that the person or their relative should sign the 'care plan index' to show that they had been involved in the care planning and acknowledged that in the main this had not been done. She told us that this would be actioned.

Each care plan had a risk assessment in place, as identified through the assessment and care planning process. For example assessments were in place for moving and handling, nutrition, bed rails, falls, choking and pressure damage. Each risk assessment was reviewed, evaluated regularly and changed if needed.

On the second day of our visit we reviewed the food and fluid charts, for people who were identified at risk of poor nutrition, with the deputy manager. We saw that charts were incomplete for example one person had no fluid intake or output recorded for 15 April 2015 and incomplete charts for 16 and 17 April 2015. There were discontinued food and fluid charts still remaining in the file. The deputy manager told us that this was "appauling" and said she would be asking the nurses to take over this responsibility, as opposed to the care staff. When we asked staff where the food and fluid charts file was located we received three different answers for example they told us, "dining room, room x and the nurses' office". This meant staff were not monitoring people and would not know if their health deteriorated, in addition there were no goals or tallies on the charts.

We saw records for waterlow tool which assessed the risk of a person developing a pressure ulcer were not always completed regularly and were not always up to date. We saw a skin integrity care plan contained limited information and stated "observe skin on daily basis". We saw no reference to this in the 'daily notes'. Another skin integrity

Requires Improvement

Is the service responsive?

care plan and evaluation contained limited information. The tissue viability nurse was involved in the wound management and the care plan notes written by the tissue viability nurses on 14 April 2015 stated "none of the advice and dressings have been applied as per previous visits and communications with the care home and maceration suggests infrequent dressings done – I will speak to the care home manager". We discussed this with the deputy manager who told us that the person had been uncooperative regarding having dressings undertaken and that they would ensure the dressings were undertaken, with the person's consent. We were unable to see a body map or photographs of the wound and the deputy manager told us that they would organise this. This meant that records did not inform staff about the person's current care and support needs.

We saw records for weight, MUST which is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition, were not always completed regularly and were not always up to date. For example, we saw that a person's MUST risk assessment had not been updated since 19 February 2015, previous MUST score was 0, which indicated the risk assessment was to be reviewed monthly. In addition the person's care file stated "to monitor weight monthly to identify weight loss". The deputy manager told us they would action this immediately.

Some records contained an Abbey Pain scale which is a tool used to measure pain in people with dementia who cannot verbalise. Daily notes were brief and information was recorded regarding basic care delivered. There were fewer records containing details of interactions with the person, information about behaviour, mood or presentation. This meant that it was not always possible to be clear if the person was appropriately cared for and supported as records were not completed. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home employed an activities coordinator, who provided group and one to one activities in the home. We spoke with the activities co-ordinator and saw activities within the home included jigsaws, netball, chair exercises, bingo, fayres, visits to Sealife at North Shields, entertainers, clothes parties, shopping and going out for lunch. The people we spoke with told us "I like doing painting and crayoning" and "There should be more activities for the residents upstairs"

We looked at a copy of the provider's complaints policy. The policy informed people who to talk to if they had a complaint and how complaints would be responded to, however it did not advise people who to contact if they were unhappy with the outcome. For example, it did not provide the contact details for the local authority, CQC or the local government ombudsman. We looked at the complaints file and saw there had been five complaints between 28 August 2014 and 12 December 2014. Complaints were recorded but the level of detail about the investigation, action taken and response to the complainant was variable. The people and the relatives we spoke with were aware of the complaints policy and told us they knew how to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that the home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 16 May 2014 and a bronze BILD accreditation by the British Institute of Learning Disabilities, a voluntary scheme which is an indicator of quality and good practice within the service.

We looked at what the provider did to check the quality of the service. We saw the regional manager undertook a regular "provider visit" to the service which checked people's finances, undertook medicine audits and looked at staff personnel files and maintenance records. For example, we saw that temperature checks for refrigerators and the medicines storage room were recorded, however not always on a daily basis. This issue had been noted for action on the regional manager's 'provider visit' dated Feb/ March 2015 that 'fridge and room temperature records are not up to date".

We looked at the registered manager's audit files, which included audits of care files, health and safety, infection control, medicines, catering, maintenance and laundry. All of these were up to date however the quality assurance systems in place were not always sufficiently effective. For example, cleaning schedules had not been completed since March 2015, care records were not always person-centred and reflective of people's needs, and assessment tools were not always well completed or up to date. This meant the audit systems did not always effectively assess, monitor and drive improvement in the quality and the safety of the service provided.

We looked at what the registered manager did to seek people's views about the service. We saw residents/ relatives meetings were held regularly. We saw a record of a meeting dated 19 January 2015. Discussion items included the home refurbishment, activities, improved atmosphere, trips and a complaints box for concerns or feedback. There was a notice displayed in the entrance to the home advising people the next meeting was planned for the 27 April 2015

Staff meetings were held regularly. We saw a record of a staff meeting dated 27 March 2015. Fifteen staff were in attendance and discussion items included the smoking policy and procedure, rotas, communication, issues, holidays and confidentiality. Staff we spoke with were clear about their role and responsibility. They told us they felt supported in their role and were able to approach the registered manager or to report concerns. Staff told us, "I get support from the manager and the operations manager is on the end of a phone", "I do think the service is well managed" and "I am very confident in the manager".

Staff felt that people's care needs were being met and that there was regular contact with external specialists but that improvements could be made around the completion of documentation, review of the medicines policy and through developing an audit tool for weights. Staff told us that there were positive changes being made to the environment of the home through the ongoing refurbishment.

We looked at the responses from the provider's customer satisfaction questionnaires for 2015. The questionnaires asked people for their views about the quality of the service provided at Peterlee Care Home. At the time of our visit completed questionnaires had been returned from ten people using the service and fifteen relatives.

The responses were generally positive. Some people were not aware of the complaints procedure and some relatives wanted more involvement in decision making and more suitable activities. Responses included, for example, "I feel that staff do their best. My mother is well looked after", "Some small problems had arisen but have been dealt with to mine and [Name]'s satisfaction", "All the care staff provide a fantastic service. They are thoughtful caring and very approachable", "A lovely homely home", "I feel I can talk to anyone if I need to" and "My relative loves the home and we feel she receives top rated care. Staff are very friendly and very professional". We discussed the responses with the registered manager who told us an action plan would be prepared from the findings including the areas for action, desired outcome, responsibility and date of completion. This meant that the provider gathered information about the quality of the service from a variety of sources.

We saw a copy of the business continuity management plan. This provided emergency contact details and identified the support people who used the service would

Requires Improvement

Is the service well-led?

require in the event of an evacuation of the premises however the plan referred to the previous provider of the home. We raised this with the registered manager who revised the plan immediately.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. The care records contained evidence of visits from external specialists including GP's, psychiatrist, tissue viability nurse, speech and language therapist, respiratory nurse, district nurse and community psychiatric nurse. The diary also showed evidence of people's samples sent for testing, medicines ordered and appointments for example, breast screening service. This meant the service ensured people's wider healthcare needs were being met through partnership working.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Audit systems did not always effectively assess, monitor and drive improvement in the quality and the safety of the services provided. Regulation 17. (2) (a). Accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not being maintained. Regulation 17. (2) (c).