Contents

Provider Details

ID
1-3087612976

Provider Details

Registered Locality
Peterborough

Provider
Athena Care Homes (Bretton) Limited

Parent Company

Contact Details

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Assessment

Executive Summary

Section A

Assessment, Care Planning & Review

Standard 01 - Respecting and Involving People Accessing the Service

(A01) The care plan should be individually tailored, person centred, include appropriate information on the Individual's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

○Excellent ○Good ◉Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:54
The care plans are described as person-centered, tailored to individual needs, and inclusive of residents' preferences, cultural backgrounds, and health requirements. They are regularly reviewed and updated to reflect changes in care needs. Discrepancies and inconsistencies were noted in some plans on Milton highlighting areas for improvement.

Harvester unit.

Care plans evidence that they are individually tailored and include the residents' preferences, likes, dislikes, abilities, important people in their lives, their cultural preferences along with key information to meet their physical a nd health needs. Care plans evidence non-discriminatory practice and include appropriate person-centred informati on.

Where there is limited evidence of the resident's input, the manager along with the family discuss the care needs, this is documented within the file of the resident.

Care plans show the residents requirements for support needs, with separate plans for; Communication plan, Sight, speech and hearing, Medicine, treatment, including a detailed management plan, mental health and wellbeing, breathing and circulation plan, nutrition and hydration, mobility and fall plan, all with corresponding risk assessments, skin integrity, sleep and rest plans, personal care including oral and foot care, people involved in the care, activities, interests and cultural plan.

Care plans appear to be linked to the initial pre-admission assessment that is conducted by the unit manager.

Milton unit.

The care plans are individually tailored, and person centred, the care plans include individual preferences and how the person has been involved with decisions and whether they have capacity in different areas to make decisions.

The care plan details the support required and is reflective of the care being delivered. Information is very detailed a nd includes appropriate information on the person's care and support need.

The care plan has a recent photograph of the resident on file and a profile page gives an overview demonstrating ba sic needs and what daily checks/charts need to be completed e.g. sighting chart/ night checks/bowel chart. it also includes Information about the resident's daily routine (morning, daytime and evening routine), mobility needs, use of call bell and communication needs. Information is recorded confirming whether the person has a DNCPR / Respect Form in place. Sexuality / sexual needs are covered but of the care plans reviewed the resident is not able to or did not want to discuss this.

Care plans included information on religion and culture, the care plans reviewed either confirmed there were no religious, cultural or spiritual needs to consider, resident does not have cultural sensitivities or unsure whether the person could make a specific decision regarding her Social Cultural and Spiritual Care. Background information such as family and whether the individual has been married is recorded but limited. The care plans reflect the needs described in the pre-admission assessment and reviews have identified areas which have changed since admission. E.g. improvement with continence.

I did find a few discrepancies e.g. In Service User 1's care plan 'My personal Care, Oral Care and Foot Care plan' it states that Service User 1 has no preference of male or female carers, however in 'My Mental Health and Wellbeing Plan' it states Service User 1 prefers female staff to assist her personal care and hygiene needs. Also, in the care plan it confirms Service User 1 uses a walking frame, in the waterlow risk assessment it states "Fully mobile without assistance" which could affect the overall score. Also in Service User 1's 'My Skin Integrity Plan' it states Service User 1 has dry skin on her back, hands, feet and legs. In her 'Personal Care, Oral Care and Foot Care Plan' it states service User 1's skin is saple and moist, Service User 1 says she has never used anybody creams in her life and she doesn't need any.

In Service User 1's 'My Activities and Interests, Social and Cultural Plan' it states, "I would like to be reminded, verbally where and when activities are taking place" but then states "I would not like to be reminded, where and when activities are taking place" and "I would not like staff to frequently ask if they wish to take part in activities". This requires some clarity.

Information regarding Service User 2's dementia is not consistent throughout the care plan. In some areas e.g. 'Application of Topical Creams by Care Staff' it states "Service User 2 has advanced dementia and staff will need to ensure that she stays away from flames or is supervised if smoking", in 'My Mental Health and Well Being Plan' it states "Service User 2 has mild cognitive impairment (some memory deficit but not diagnosed with dementia)", in 'My Sleeping and Resting Care Plan' it states "Service User 2 does have dementia, confusion, a learning disability, micro or hydrocephalus".

Also, information regarding whether Service User 2 has a Catheter in situ is inconsistent and continence is not clear. In 'My Continence Plan' it states Service User 2 occasionally had incontinence but the majority of the time she is able to remain continent" but also states "Service User 2 uses continence aids during the day and uses continence aids during the night and Service User 2 is dependent on staff assistance to toilet. It also states, "Service User 2"s total risk of constipation is 44 which is a high risk" and "Service User 2 does not suffer from constipation. However, recently she has experienced couple of episodes, and she is now prescribed PRN Cosmocol.". her pre-admission information states "Service User 2 is prone to constipation", information needs to be consistent throughout the care plan.

Service User 2's Mobility and Falls Risk Plan has no information – as Service User 2 is not mobile and has had a stroke, I would expect to see information relating to this area even if its to state there are no risk of falls.? Service User 2's 'My Skin Integrity Plan' records Waterlow score as 24 and also 30, that she is nursed in Harvester unit when she is on Milton Unit.

Service User 3's care plan confirms he is at high risk of falls, however in the 'Mobility and falls Risk Plan' and 'Maintaining a safe environment' it states, "Service User 3 is a low falls risk status scoring 1-8". information needs to be consistent in the care plan. It also states, "Care staff are to check on him hourly during the night and hourly if he's in his bedroom" however in 'Maintaining a Safe Environment' the evaluation notes states "Service User 3 remai ns in a safe environment staff are to monitor hourly for his whereabouts at night time and 2 hourly during the day."

Haywood unit.

Three service user care plans inspected during this review.? Care plans were found to be person centred and tailored to the individual service users care needs. All care plans are held on the providers I Care electronic system.?? The 3 care plans inspected evidenced that the service user and their family had been involved in the care planning process.? For the service users who have capacity, evidence of consent forms with signatures from the service user or next of kin.

Throughout the care assessment the choices and wishes of the individual service user had been regarded and reflected in the care plan ensuring the service user had been included in the initial care planning process.? The service user files held the document “Life History/Story, which further highlighted the involvement of the service user and their family in the assessment of care needs.

Care plans included realistic goals and outcomes based on the assessed care needs of the individual.? Any recognised behaviour patterns or triggers and how to support had been taken into consideration.???????
Overall, the 3 care plans inspected were found to be person-centred and highlighted communication levels of the service user. The likes and dislikes, cultural and religious needs, food choices and any know allergies listed. The next of kin details, and the service user's medical history and current medication listed. The mobility of the individual and any continence care needs and end of life care needs.? The hobbies and interests of the service user had been recorded. All risk assessments were specific to the assessed needs of the individual.? Evidence of Mental Capacity Assessments and Best Interest Assessments where applicable.

All care support staff can access all service user care plans via the I Care electronic system which care staff have access to.? This ensures that care support staff can update care records throughout the day.? Care plans are reviewed monthly, or sooner if there is a change in care needs of the individual.

Daily notes are held on the I Care system and were found to reflect how the service user had spent their day.??
Daily notes reflected the assessed care needs of the individual.

Through conversations with care staff, it was confirmed that if needed, care plans can be provided in different languages and different formats to support the needs of the
individual.

Evidence of non-discriminatory practice throughout the care plans.

Action: Ensure information recorded in care plans is consistent throughout.

(A02) There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:55
Harvester unit.

There was limited evidence of information being offered in different formats, menus, service user guide, posters around the home did not show varying formats.

On discussion with the manager, who stated that if required they were able to offer picture cards, large print, and have show plates at lunch time, this approach has been taken due to the nature of the residents conditions, the home feel that they do not have any residents that would benefit from a varying format of information, and the show

plates, pictures works effectively allowing choice on the day.

Milton unit.

There was a copy of the resident handbook in the home which is in large font. I am not aware whether alternative formats are available, but the guide meets the needs of the service users I reviewed in terms of their communication needs. Menus are available on the tables at lunch confirming what was on the menu that day. The care plans are electronic so the format cannot be changed.

Hayward unit.

The Homes Service User Guide outlines the full services that the provider can provide.? Service user guide is available in Braille, other languages and easy read version if needed.

The homes complaints process is outlined in the service user guide.? Held in the service users' room and available in the main reception area of Ashlynn Grange.?? From conversations with service users/ relatives, it was confirmed that they know how to make a complaint and who to complaint to.

The homes dining room displayed the daily menu on the dining room tables.? (standard format).? However, other formats and languages are available if there is an assessed need.

A folder with pictures is available to support individuals whose first language may not be English or to support service users with a diagnosis of dementia.

Service user guide highlights that advocacy services can be provided to support individuals if needed.

The homes service user guide refers to other community services available including GP, Optician services, and Dentist.? in addition, the guide outlines contact details for local authority and advocacy.

Standard 02 - Consent

(A03) Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLs (and any conditions). POA is clearly documented and evidenced across the care plan where relevant.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:56
Harvester unit.
Care plans evident, where residents have an MCA in place, these are logged on the digital system, with best interests and least restrictive decisions recorded with clear detailed information, including which decisions/tasks these are relating to.

MCA are carried out by the unit manager, resident and family members, these are dated and reviewed 6 monthly or sooner if required.

POA are clearly documented.

Where there is a DOLS in place, this is transferred onto the providers tracker system that notifies unit managers of expiry dates. Viewing the DOLS tracker, it clearly states each stage each DOLS is at and includes key information. All DOLS viewed are in date and compliant.

Milton unit.

Appropriate Mental Capacity Assessments and Best Interest decisions were in place. Staff confirmed that the help provided by the Care Home Support Team was beneficial and they are also due to have some training with CCC in the near future.

The best interest decisions documents what options are being considered, consideration of the least restrictive option including some pros and cons, a clear decision of what has been agreed and the reasons for this, evidence of how the person has been supported to participate as fully as possible, any person interested in the person's welfare, and any relevant persons are consulted: friends, family, relevant professionals, deputies, IMCA, including their views on the decision.

DOLS were in place for the 3 residents I reviewed on the Milton unit.

All 3 care plans confirmed that the resident does not have a POA / LPA in place. All care plans confirmed the resident does not have an advanced care directive (living will).

Hayward unit.

The Mental Capacity (MCA) of the individual service user is recorded on files.?? MCA assessments on service user files with any best interest decisions that have been completed.

Care staff on Hayward House confirmed that they feel the recent support of the care Home Support Team has been beneficial to the home and that they have benefited from this support.

The best interest assessments had been completed taking into consideration the least restrictive option and relevant family/professionals involved. Evidence that where possible, the individual had been involved as far as possible.

Where a Deprivation of Liberty Safeguard (DOLS) is in place this was evidenced on the service user's documents on the providers I Care system.?? DOLS used in the service user's best interests and in date.

The POA is recorded on the service user files.

Standard 03 - Care and Welfare of People accessing the Service

(A04) Care plans are signed by the person where appropriate to evidence their involvement in their care and support planning.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:57
Harvester unit.

Care plans are all digital, there is evidence of plans being signed then uploaded to the system, where the resident is unable to sign the plan due to capacity or conditions, it is documented that the manager has had the relevant discus sions with the family and they have given consent where appropriate, including details of the decisions being in the best interest of the resident.

Care plan reviews are discussed with residents/families, where any changes are required, there is documented evidence that the resident/families have been involved/informed.

Milton unit.

Discussion was held with the manager about residents signing their care plans. One lady (Service User 1) had fluctuating capacity but could consent to the care and support, but she had not signed the care plan, the manager asked her to sign it during the visit. Service User 1 has no family so there was no family member involved in the care and support planning process. The Social Worker was involved with the initial care and support plan. In the review notes there is no mention of who was involved other than the care worker reviewing the care plan. Service User 1 also has an advocate from cross keys but again in is not clear how she was involved with the care and support planning.

Service User 2's sister is involved in her care and support plan.

Service User 3 does not have capacity, and it is not clear from his care plan who is involved in the care and support planning / reviews, but the care plan is person-centred and includes individual preferences.

Hayward unit.

Of the files inspected on the day of this review, there was evidence that the service user and their family had been involved in their care and support planning process.

Evidence that for the service users who do have capacity that they have signed to agree the care plan.

For service users who do not have the mental capacity to sign, or do not wish to sign then, where possible, the next of kin had been involved and signed on behalf of the service user.

For service users who do not have a next of kin, or who have a Deprivation of Liberty in place, (DOLS), the assessor had signed the care plan document.

Recommendation: Ensure care plans and reviews accurately document the individuals involved in reviewing and signing care plans, as well as noting when an advocate is present for individuals without family.

(A05) There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the person has been given appropriate information about key working system.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:57
Harvester unit.

On the Harvester unit there is currently no keyworker system in place, although they do have plans to implement this shortly.

In place of this they take the approach that all of the team take care of all of the residents, this prevents gaps in continuity when staff are away for long periods of time due to holiday or illness.

Through discussions with care staff and nurses it was evident that this approach is working, any requirements or issues are highlighted to team leaders or managers, this includes appointment bookings.

On discussion with residents' families, they felt that they could go to any member of staff, unit managers and care workers and felt that they could have a conversation anytime, they also commented that feedback from the home to themselves was regular and detailed.

Milton Unit.

The provider has confirmed that they have recently revised the Key Worker Policy and are in the process of implementing a key worker system. The managers on Milton confirmed they had already implemented a key worker system however this was not reflected in the care plans and a member of staff was not aware of the key worker system.

I did not see evidence of the key worker system in care plans or around the unit.

Hayward unit.

All key workers names are displayed in the dementia life history box outside the service users' rooms.

From conversations with four family/next of kin, it was confirmed that the family know who their relative's key worker is.

Service users who were able to speak to us advised they feel comfortable to approach any member of staff and feel assured they will be supported.

Recommendation: If a key worker system is in place, ensure it is consistent throughout the home.

(A06) There is evidence that people have been given information about how to make contact with the care provider.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:58
Harvester unit.

On admission to the home, residents and their families are provided with a resident’s user guide, which includes contact details of; manager, customer relationship manager, Regional director, ombudsman, Local Authority, and CQC, there is also a part of helpful contacts which include; The Independent Advocate, Bereavement support, MIND and NHS support.

In the main foyer there are posters with contact information of Safeguarding, whistleblowing and complaints policy.

Milton unit.

There is a Resident Guide folder available in the unit for service users to read. The Resident Guide provides details of the Central Support Office, including the address, telephone number and website. It also confirms who the general manger and customer relation manager are, including a photo and their email addresses. The Residents Guide includes how the residents can make and complaint and confirms the complaint process.

In the entrance of the Milton Unit there is a notice on how the family / resident can provide feedback, there were feedback forms available and a box to put the completed forms.

Hayward unit.

The providers Service User Guide outlines how to contact the home.? Telephone contact numbers were up to date and management details up to date.

From conversations with service users, confirmation that the service user would speak to the home manager if they had any concerns.? A copy of the homes service user guide is held in the service users' room which outlines the services the home can provide.? This document outlines the homes complaints process.

Information displayed around the home advising the service user and their family of how to make a complaint or raise concerns.

(A07) The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 11:59
Harvester unit.

Each resident has a pre-admission assessment, that reflects current diagnoses, abilities, and support required, once residing at the home, the assessment is developed over the next few weeks as the residents needs change and adaptions are implemented, care plans include details that enable staff to promote independence.

The care plans that were viewed evidenced the resident's communication preferences, their likes and hobbies, this was then reflected within the progress notes (daily notes), highlighting the resident's participation in certain activities such as singing and craft.

Care plans included who is important to the residents, the home is able to provide birthday celebration cake/food and space if the resident and their family would like a private celebration.

Through discussion with staff and family of the residents it is evident that family and friends are made to feel welcomed and can join their family member for mealtimes (pre-booking required), there is also no formal visiting time, the unit promotes an 'open house' to ensure families can visit in times that work around their other commitments.

Milton unit.

The care assessments do reflect a person's strengths, abilities and interests so their needs and preferences can be met, however this information could be more comprehensive.

The Care plans include Information about the resident's daily routine (morning, daytime and evening routine), mobility needs, use of call bell and communication needs. All 3 residents have no hearing impairments but do wear glasses, all care plans confirm whether assistance is required to put on/take off glasses and clean them. It also confirms whether they wish to join in with the activities. One residents care plan confirms the resident prefers their own company and enjoys watching TV in their room, they also enjoy chatting with staff and a one-to-one activity by

the activity coordinator. They also enjoy the pamper session done by the activity team. In Service User 3's care plan it confirms their past hobbies such as cycling and gardening. The residents wishes and preferences regarding End of Life are recorded and reviewed.

The provider uses a system called Altra, this is a shared platform with the resident's family, the provider can share information / pictures on what activities etc the resident has been doing. it also allows family members to upload photos and messages. As this develops, the provider plans to use this information to include more comprehensive information in the care plans around their strength's, abilities, interests and preferences.

Hayward unit.

The care plans viewed during this review reflected the strengths, interest and ability of the service user to enable them to maintain as much independence as possible. Throughout the assessment process the care plans focus on a person-centred approach to the individual.? The likes and dislikes of the individual, including food preferences, hobbies and interest and the communication ability of the individual included.

Where there was an assessed need to monitor any behavioural patterns, care staff are aware of how best to support the service user and to distract from any distress.? Evidence that the service user, their family and care support staff have been fully included in choices and any decision making around activities both within the home and outside of the home.

Details from the document "Life History/Story" are incorporated within the care plans highlighting preferred activities.

From conversations with four family members confirmation that they feel their relative is supported to attend the activities of their choice.? Activities available throughout the week are printed out onto a document and given to each service user in their rooms. Also, all forthcoming events are highlighted on the providers website.

(A08) There is evidence that the person's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the person remains safe, their needs are adequately met and their welfare is protected.

○Excellent ○Good ◉Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:00
Harvester unit.

Care plans evidence the resident's health needs and any risks, assessments show where applicable x2 staff to support with personal care, this is triangulated through progression notes and staff discussions.

There is evidence where applicable that the care plans change in line with the residents changing health needs, and GP visits or medication reviews are sought.

MUST, Waterlow, Repositioning and Nutritional charts were used where applicable, there is evidence of these being recorded throughout the day.

Care plans & risk assessments were crossed referenced to ensure all areas were aligned consistently.

Personal Evacuation Plan (PEEPS) in place & include necessary information.

On the day of the visit observation of a shower trolley being used for a resident that is unable to mobilise, this was

conducted with privacy, dignity and by two members of staff who was informing the resident of each step (observation from residents bedroom to bathroom only).

Milton unit.

There was evidence that the person's needs together with any risks to their health and wellbeing were considered during the assessment process. Several risk assessments were in place for the service users (where appropriate), a nd these are collated on a spreadsheet. The falls risk Assessments evaluated the level of risk, how often the risk should be reviewed and whether any referral required to reduce risk. Some reviews of risk assessments e.g. bed rails should have been reviewed in October 2024 but had not been updated. Any restrictions detail whether the resident has agreed/signed, or family member involved in BI decision.

There were wheelchair/shower trolley and chair and manual handling risk assessments where relevant. Some risk assessments did not confirm review dates, but report covers a one-month period so presume these are reviewed monthly. One of the residents reviewed is diabetic and there is a management plan in the care plan confirming what to do in the event of Hypoglycaemia.

Monitoring charts were in place where required. There were some inconsistencies with monitoring charts as follows:

Repositioning - inconsistencies with the frequency of repositioning but generally checks were in line with the care plan.
Sighting chart – records completed were in line with care plan, for Service User 2 on an hourly basis. Daily records recorded when staff completed checks and recorded if care was provided.
Blood Pressure Checks – for one resident blood pressure checks should be checked weekly but evidence of weekly BP checks was not available.
Glucose checks - The care plan for Service User 2 confirmed Glucose checks should be completed weekly, but records were only available for 06/05/24, 13/05/24, 23/09/24 and 28/10/24.

All 3 care plans stated if the resident's behaviour escalates, refer to the community mental health team. Individual PEEPS are accessible in the resident's care plan confirming support required to evacuate.

Hayward unit.

Evidence of service user care plans being reviewed monthly.? Risk Assessments feed into the service users care plan.??Care plans are updated as and when there is a change in the care needs of the individual service user.

Risk assessments were found to be risk specific to the individual and personal evacuation plans (PEEPS) held on service user files on the I Care electronic system.?? Hospital passports for each service user on the ICare System.

MUST and Waterlow assessments in place.

Service users on food and fluid charts- were found to be accurate and up to date.? Recorded on the homes I Care system throughout the day.

Action: Ensure checks are completed in line with the care plan and is consistent throughout the home.

(A09) Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:00
Harvester unit.

Care plans appeared to be reviewed every six months or sooner if required, the unit manager stated that she has a rolling review cycle where she reviews four care plans every month.

Through discussion with 5 staff members, it is evident that any key information or daily activities is passed between staff through the two daily handover sessions, there is also clinical lead meetings and unit lead meetings for discussions on each resident in relation to their treatment and wellbeing plans creating a combined effort with all care plans and there development.

Milton unit.

Service User 1's care plan has been regularly reviewed and changes made, information obtained in the pre-assessment around their continence has been updated as improvements made, Service User 1 no longer requires continence aids. Also information from the hydration risk assessment has been incorporated into Service User 1's c are plan 'Encourage to increase frequency or size of drinks, implement fluid recording if not in place, liaise with care & kitchen team'.

Service User 2's care plan has been updated monthly with a note of any changes / updates. Updates such as medication changes are recorded.

Service User 3's care plan has been updated on a monthly basis most noted as effective continue as planned.

Some detail is copied across from previous month, it is important to ensure reviews notes are not copied over and updates are recorded within the care plan.

Hayward unit.

Whilst care plans can be updated at any time to reflect the changing needs of the individual, Athena Care review service user care plans monthly.

Any changes to care needs or choices and preferences are updated electronically on the providers I Care system.? System evidences the date the changes were made.? Changes in medication needs, sudden changes to risk assessments and moving and handling needs.? Changes resulting from reviews can be amended on the I Care system at any time of the day.

Care staff can view any updates on the electronic I Care system at any time.? However, handover meetings daily focus on any changing needs of the individual service users.

(A10) Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:01
Harvester unit.

The provider uses a software system that allows real time input/access, following each interaction with the resident for support, wellbeing, meals or visits this information is inputted to the system for all staff members to see.

Through viewing the progress notes it is evident that notes are added in line with each scheduled visit/task, and any

required actions are implemented, for example, when a resident is found poorly, medical attention is requested.

Daily notes evidence that 2 hourly checks are being made throughout the night, and daily activities are logged, alon g with any checks that have been made throughout the day for those residents that are staying within their rooms.

Milton unit.

Daily notes are completed by staff using handheld mobile phones and it records the staff member's name. Some notes recorded that consent had been requested prior to carrying out the care and support task but not on all occasions. Some daily notes were personalised, and some were generic. Repositioning, sighting checks etc were recorded and available in the daily notes.

On one daily note it stated “watching TV, safe comfortable in bed, call bell and fluids within easy reach. All the safety checks done, no concerns at present” the lady is nil by mouth so would not have any fluids. It is vital daily notes are accurate at all times.

Hayward unit.

Care notes reviewed during this review.

Care notes are held on the providers I Care electronic system.? Updated throughout the day by care support staff.? Times of entry logged on the system and reflect how the service user had spent their day.

Care support staff can access the system at any time. The I Care system leads the care support worker into all relevant sections of the service users care needs. including food and fluid intake, activities, personal care needs, weight loss and any Night checks completed.

The daily notes were found to cover details of consent and what care tasks they had delivered. Food and fluid intak e, any health concerns during the day recorded on the daily notes.

Recommendation: Ensure notes are accurate at all times.

(A11) Evidence that the care planning and support is designed to maximise the person’s independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

○Excellent ○Good ◉Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:01
Harvester unit.

Care plans detail the residents likes and dislikes, there is a section titled ‘Activities, interests, social and cultural plan’ however there is limited evidence of an actual goal from the residents or how the provider is going to promote and support the residents' goal.

Care plans did not provide staff with enough information about how to promote independence & maintain existing skills for the individual, even low-level goal setting for those residents that are nursed appears to be lacking.

Milton unit.

The care plan for Service User 1 states they do not have any specific personal goals but does include and what

support they would like and what she can do independently.

Across all 3 care plans they recorded what is important to the resident e.g. Service User 3 would like to remain as independent and mobile as possible but does not include personalised goals that support the individual to maintain i ndependence.

Hayward unit.

Care plans were found to be written in a way which maintained the service user's independence as far as possible.

Each care plan viewed focused on person centred care and promoting independence.? Realistic goals applicable to the assessed needs of the individual.

Action: Ensure care plans include personalised goals to maximise the resident’s independence.

Standard 04 - Meeting Nutritional Needs

(A12) Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:02
Harvester unit.

Care plans are well detailed and record information on any allergens, fluid and food intake, any food restrictions where applicable, residents’ likes are listed including how they like their drinks and which kind of cutlery or aid they prefer.

A list of allergens was listed in the kitchen and each unit had a trolley with a folder detailing which resident had any allergens or dietary requirements.

Food & fluid charts were completed appropriately.

Care plans included information to promote the health and wellbeing, for example, increase fruit and vegetable intake to help manage constipation.

Milton unit.

The care plan for Service User 1 documents choices, allergies (no food allergies) and what drinks they like. It does not include specific food preference but confirms that Service User 1 is able to communicate her needs and preferences for food and is independent with eating. The care plan records that Service User 1 eats and drinks well. They are on an IDDSI Level 7 (easy to chew) diet and IDDSI Level 0 fluids.

Service User 2 is Nil by Mouth has all nutrition and medication requirements met by peg tube.

Service User 3’s care plan confirms they are independent with eating and drinking; no preferences are recorded. The care plan records that Service User 3 doesn't have any food allergies reported, it records that staff should

ensure he is in a sitting upright position when drinking and remind him to pace his drinking. The care plan confirms they require a regular/easy to chew diet (IDDSI level 7 & EC7).

Hayward unit.

The initial care planning process records food choices and any food likes and dislikes.? Any know allergies or cultural food choices recorded on the service uses care plan.? The homes chef has a list of service users who have specific dietary needs and food choices.

For service users on food and fluid charts, evidence of recording added to I Care as and when food and fluid is given.? Dates and times recorded on the system.

(A13) Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:02
Harvester unit.

Care plans hold a separate section for nutrition and hydration which is well detailed, including preferences and requirements when the resident requires a pureed diet or thickener, Fluid and food intake clearly recorded where applicable.

Evidence of residents being weighed in line with the MUST tool with regular weighing and adapting of meals to assist.

Milton unit.

Care Plans include appropriate details of nutritional assessments, e.g. Service User 3's weight will be monitored mo nthly through the Weight (M.U.S.T) Chart, the care plan records current weight and MUST score.

Service User 1 was admitted to Ashlynn Grange because of self-neglect, weight loss and poor hygiene, the care plan confirms their weight will be monitored weekly through the Weight (M.U.S.T) Chart. Review notes confirm "Serv ice User 1 is eating and drinking well. On monthly weight, must score of 0. gradually putting on weight". However, this has not been updated throughout the care plan, so it is not clear whether weekly or monthly.

Service User 3 is nil by mouth and has their dietary requirements via PEG. They are under the care of the Community Dietician.

The care plan's lack goals around Nutrition and Hydration. Goals should be person centred to ensure nutritional nee ds are being addressed and reduce / prevent or delay future needs.

There is a GULP dehydration risk assessment for four residents at Ashlynn, including two of the residents I reviewed. Both are medium risk and risk assessment states "encourage to increase frequency or size of drinks, implement fluid recording if not in place, liaise with care & kitchen team". Encouragement is recorded within Service User 3's care plan and fluids are monitored for Service User 1.

Hayward unit.

The home applies the MUST screening process.? Weights checked regularly where applicable.? Weights are

recorded on the homes I Care System.? Appropriate risk assessments in place and updated as and when needed on I Care.

Care plans viewed focus on the food and nutrition needs of the service user.

The monitoring of weight loss enables the home to identify any concerns at an early stage.? This also applies to weight gain supporting with healthy eating where necessary.

Recommendation: Goals around nutrition and hydration should be person centred to ensure nutritional needs are being addressed and reduce / prevent or delay future needs.

(A14) If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:03
Harvester unit.

Care plans viewed evidence supporting residents to access other services such as GP's, chiropodists and hospital appointments. This could be the provider booking time out for 1-1 time to accompany a resident to an appointment or the support to book transport to an appointment or to liaise and have a GP visit on site.

All professional visits GP/DN/TVN were recorded with any concerns reflected & recorded in care plan. Evidence that any concerns raised have been followed up.

Referrals to correct services have been evidenced when a need has been identified. Guidelines were communicated to all staff effectively i.e. SALT & consistency / number of thick & easy scoops to be added. Relevant risk assessments were in place i.e. risk of choking.

Milton unit.

The care plans reviewed on Milton had information relating to resident's accessing specialist services. One resident is PEG fed and she is under the care of the Community Dietician. Professional visit form on record regarding visit on 8/11/24, reason for visit recorded as well as outcome and further actions.

There was no requirement for the involvement of the SALT team in the care plans I reviewed.

Hayward unit.

The providers I Care system records all G.P. visits, referrals to the SALT Team and any other professionals involved in the service user's care.

Care plans brought up to date to reflect the SALT team involvement.

Standard 05 - Co-operating with other Providers

(A15) Where the responsibility for the person's care and support is shared with other providers, the care and support plans should evidence this co-operation, or where a named person is transferred to one or more service(s) records should reflect this appropriately.

○ Excellent ○ Good ○ Requires Improvement ○ Poor ◉ Not Assessed

Standard 06 - Safeguarding People who use the Service from Abuse

(A17) Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the person accessing the service.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:03
Harvester unit.

Assessments & Care Plans include appropriate risk assessments. Demonstrated any restrictive practices introduced through DoLS was evidenced to be in the best interests of the SU and in maximising their independence.

Consideration has been given to ensure the least restrictive practice to maintain the SU's safety has been used.

There is a DOLS tracker in place to identify expiry dates and reviews.

Milton unit.

It was evident through the care and support plans and risk assessments that restrictions put into place were in the person's best interest and the least restrictive option.. Dols information was recorded in the care plans along with expiry dates, although one care plan did not record the expiry date. There was evidence of a new DOLS being applied for before the expiry dates.

Hayward unit.

From the service user files inspected during this review, there was evidence that the needs of the service user had been assessed, and the care plans developed taking into consideration the wellbeing and safety of the individual.

From inspection of care plans and best interest decisions made, it was clear that the least restrictive options had been assessed and applied to ensure the individual maintains as much independence as possible.

Care plans are held on the I Care electronic system - care staff can access at any time throughout the day.? Care plans are reviewed monthly to ensure the changing needs of the individual are updated.? Where there is an assessed need, Deprivation of Liberty (DOLS) are in place to ensure safety and are in the best interests of the service users.? DOLS reviewed on a regular basis.

Standard 08 - Management of Medicines

(A16) Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:04
Harvester unit.

There is little evidence, due to the complexities of the residents that they have been involved with the medication choices. Observations on the day did confirm that staff do give clear information to the resident on what the medicine is and how best to take it, and the request for consent was evident.

Where applicable there is clear evidence that BID and MCA have been completed and where appropriate a signed GP form to agree to covert medication, this is regularly reviewed.

Milton unit.

It is evident that residents are involved in decisions regarding medication. In Service User 1's care plan confirms they do not have a preference of where they like to have or take her medication and does not have a preference of what to take her medication with. Service User 3's care plan confirms they have no preference of where they like to have or take their medication.

Service User 3 has all medication administered through PEG. Therefore, these decisions are considered when planning the residents care and support.

Allergies to specific medications were documented in the care plans and MAR chart. Where Individuals are unable to make decision regarding their own health and / or medication the MCA followed, best Interest was documented. There was one resident who received medication covertly on Milton and the staff confirmed family and GP were involved in the best interest decision. However, I did not review the care plan of this resident as part of the review.

Hayward unit.

All service user medication needs held on the I Care system which records the dates and times of all entries.? Records updated as and when medication needs or dosage levels change.

For the service users who have capacity the home has a consent to medication form in place.? If the service user does not have capacity the family are involved where possible.? (Evidence that the service user and their family has been involved in decisions around their medication needs).? Care plans highlight how the service user would like to be supported with medication needs.

Section B

People's Experience

Standard 01 - Respecting and Involving People Accessing the Service

(B01) Through observation of staff interaction and discussion with people there is evidence that people are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:05
Harvester unit.

Residents spoken with confirmed they felt supported & were treated fairly in a non-discriminatory manner, they felt respected & their diversity was respected always, & this was supported by observation of staff interaction.

Residents spoken with confirmed their privacy & dignity was always maintained, this was observed on the day of the visit, as two staff supported a lady to have a shower using the bed trolly, which was wheeled through the corridor, the lady was dressed and informed at all times, once in the bathroom, door was closed.

Discussion with residents and observation of Staff interaction confirmed they were aware of how the resident's likes to be addressed, they always knock on residents door before entry & wait for a response.

Unwise decisions were being supported appropriately (e.g. eating sweet treats, when living with diabetes) Observations of care & support provided demonstrate staff provided clear explanations of the care & support they were providing & ask for appropriate permission.

Observations confirmed general wellbeing was being maintained (i.e. appearance of service user / cleanliness / nails / hair / attire).

Through discussion with family members, they confirm that they feel their family member is well respected and that their likes, preferences and individual ways are respected and included. Family state that they always have their own clothes, personal belongings and that their choice to be left to be quiet and not engage in the group events is respected.

Results from the annual residents and family survey '23 shows that 97% agree or strongly agree that they are treated fairly, kindly and with dignity, and 100% said Ashlynn Grange are friendly to their loved ones and respect their privacy. (unclear of how many participated in survey).

Milton unit.

We observed staff interactions during our visit and spoke to several people about the care and support they received. People told us staff are kind and staff treated them with kindness and compassion. Residents confirmed the staff are hardworking, lovely and they could not wish for better care.

Staff treated people with dignity whilst supporting with lunch, staff member was observed discreetly asking people if they would like to wear clothing protectors to eat their lunch. One gentleman was falling asleep during lunch due to his medication staff supported him with dignity, asked whether he wished to return to his room and gave him assista nce.

Family members confirmed their relatives are treated well and are happy living in the home. Observations confirmed that general wellbeing is being maintained.

Staff were polite, friendly, and welcoming and greeted visitors to the service and engaged with them about the people they were visiting at Ashlynn Grange.

Unwise decisions are being supported appropriately (e.g. smoking) and resident's cigarettes were kept in the office.

People’s bedrooms were personalised with their belongings.

Hayward unit.

Observations of good interaction between care staff and service users during the review of Hayward unit (Ashlynn Grange 2024.?? Care staff were observed speaking to service users with respect and observed treating the individual with kindness.

Care staff appeared to have a good knowledge of the individuals' needs and levels of communication ability.

From observations, care staff demonstrated patience towards the service user and gave the individual time to respond back.? Staff showed understanding and patience if the service user needed more time or further explanation.

(Care staff have had dementia Care and dignity and Respect training.? From observations a knowledge of this training appeared to be?applied to practice).

Providers training matrix evidenced Dignity and Respect training for all care staff.? (Staff were observed knocking on service user’s room doors and asking permission before entering the room).

From meetings with care staff, they were able to?? outline their understanding of how they respect supporting with personal care needs. Confirmation of always asking the service users permission when entering the room and always ensure the curtains are closed.? In addition, care staff, were able to confirm that they ensure the service user is covered when assisting with personal cares.? Always ensure choice as far as possible.

Four family/relatives were contacted for feedback during the review of 2024.? They confirmed as far as possible; car e staff maintain their relative's privacy and dignity and work with the service user to encourage them to express their views about the way their care and support is delivered.? Family confirmed they feel care staff encourage their relati ve to express their individual views about the way their care and support is delivered.

All confirmed that they feel their relative is always treated with respect by care staff and management at the home.

Confirmation that they know who the key worker is and that they feel comfortable to approach any member of staff if they are worried about anything.? Family advised that they feel their relative is safe at the home.

And, as far as possible, able to make their own choices and decisions.

(B02) Through observation of staff interaction and discussion with people there is evidence that Individual's are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:06
Harvester unit.

Observations on the day confirm that staff request consent, provide clear information and where applicable support the resident to take the lead on care provided.

At lunch time we observed choice of meal being offered by the viewing plates, where sight was limited staff would explain what was on each plate for the resident to choose.

Mixed feedback from residents/families, on discussion with one resident, they informed us that they feel “rushed” to bed at 9.00pm and that if they want to stay up longer it is not encouraged.

A family member stated how they did not feel that their family member received choices and was just sat in the communal area, although they did state things had improved recently.

Milton unit.

A family member confirmed their relative is happy and there are no signs of neglect, staff speak to their family member nicely and meet their needs. They did raise a concern that their relative is not always changed into their nightwear and is put into bed in their day clothes, the family member confirmed their relative is not reluctant to changing their clothes and the family would prefer her night clothes to be worn during the night.

Another family member confirmed that their relative moving into the home was the best thing they ever did and that she is really well looked after, and the staff do stuff every day. Their family member used to sit in their room all day in assisted living and now they live at the home she socialises with the other residents most of the day and rarely spends anytime in their bedroom.

Hayward unit.

From Staff observations during the review of the Hayward unit, care staff were observed taking time and displaying patience when speaking to the service users.? Care staff displayed an understanding of the individuals care needs and appeared to know the individual well and their care needs.?? During conversations with care staff, it was evident that they had a good knowledge of the service users assessed care needs including their likes and dislikes, their health conditions and any know triggers.

Care staff observed over two days having conversations with service users around attending activity choices and food choices. Picture Cards available.?? Lunchtime observation completed – Plated meals shown to service users to enable them to make choices.

Where possible, staff were observed making conversation with service users over the two days review of Hayward House.

From conversations with family members, they have been involved with the initial care planning process and are aware of the homes service user guide.

Recommendation: Ensure all individuals are provided with choices with their care and support they receive.

(B03) People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:06
Harvester unit.

All individuals that were spoken with confirm that they feel they can give feedback at any point and it is acted upon, there is an annual survey for staff, residents and families, evidence of 'you said we did' also highlighted the positive changes and resident/family involvement.

Overall results from the residents/family surveys, 93% felt safe and that leadership would deal with any issues raised, (unclear of how many participated in survey).

Milton unit.

A relative confirmed they are always invited to the resident/relative meetings which happen every 3 months, they always try to attend where possible. They confirm the provider encourages them to provide feedback and will sometimes take their feedback on board and implement changes, they confirmed they know it is not always possible to do everything they want as there are many residents there. They also confirmed they can access their Altra app and the provider uploads pictures and information, and the family can also do this. They confirmed they receive an email and notification when something is added.

Another family member confirmed they are always invited to the meetings or coffee and cake / other family events but cannot always make it due to work commitments.

A family expressed concerns about another resident's influence on their relative, who has a skin condition and infection risk. They worry that the other resident encourages skin-picking. Although they have discussed this with staff, they feel it is not taken seriously. This prompted them to address the issue directly with the other resident. If unresolved, they plan to request separating the two residents. No formal complaint has been made yet.

Hayward unit.

Hayward unit (Ashlynn Grange) has a compliments and complaints process for small concerns.? Small concerns or compliments are placed on the form 4.01 Relatives Involvement form which is then held on I Care.? More formal complaints go to the homes General Manager.

Resident and relatives' meetings held every month on Hayward unit.? Dates of all resident/relatives' meetings documented on the providers website (Altra), to ensure family are aware of meetings across the year.

The home completes yearly surveys for both service users/relatives and care staff.? After the surveys have been analysed by Athena Care Head Office, the home produces a comprehensive report highlighting all areas of feedback.? Unit Managers are updated of results and advised of areas that are good and areas that need improvem ent.

Recommendation: The provider should have a system to record and act upon feedback that is not a formal complaint and ensure family are kept informed of any actions.

(B04) People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:07
Harvester unit.

Through discussion with residents and families they all confirmed that families and connections are supported and encouraged, with a positive open-door policy, providing the opportunity for families/friends to share mealtimes with residents, and the opportunity to visit at times that suit the visitor.

Outside interest groups such as entertainment, singing, and animals are encouraged to come to the home and interact with the residents.

Due to the complexities of the residents, there was no evidence of supporting residents to be a part of the community roles.

Milton unit.

I spoke to the husband of one of the residents he confirms he visits every day and is always made to feel welcome.

Another family member confirmed they visit the home on a regular basis and are always made to feel welcome and supported to maintain their relationship with their relative.

One family member confirmed their relative is very happy and supported to maintain relationships with family and also other residents within the home and their relative now enjoys the company of other residents and isn't sat in their room all day.

One of the residents confirmed they have friends that come to visit them.

The provider also shared community partnerships including:

· Florinee Homes, a local provider of children's care homes in Hampton to bring meaningful intergenerational connections into the lives of both our residents and Florinee's young residents. Starting in the New Year, Florinee H omes plans to bring one of their young residents to the care home every Tuesday specifically to participate in craft activities alongside our residents.

· Happy Little Hands, bringing interactive British Sign Language (BSL) classes to residents and enhancing their opportunities for learning and social engagement. Offers BSL classes for young children ages 0-5, they have held five lively sessions in the care home during school holidays. Each session welcomes up to 10 children and is structured to allow residents to join in, creating an intergenerational learning experience. The children's visits fill the room with laughter and joy as they use music and hand puppets to engage in BSL learning, giving residents a chance to learn something new while interacting with the young children.

· Highlees Primary School, supporting residents through regular involvement in various events and activities and organizing visits and fostering a sense of connection between the school children and residents. The school has actively taken part in summer fetes and seasonal gatherings, where students interact directly with residents, bringing joy and energy to the community through shared activities.

Hayward unit.

Feedback from four family members confirms that they feel they are made to feel welcome when they visit their relative on Hayward unit.? Family confirmed that they feel the home would support outside visits to family or outside events if possible.

(B05) People spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:08
Harvester unit.

Through discussions residents/families were able to confirm that activities were tailored to their likes, each day there are different activities placed on the tables, where residents can choose which activity if any they would like to partic ipate in, alongside this they also have additional entertainment visiting the units on a regular basis.

The home has a ‘you said, we did’ board, which evidences the homes' ability to be listen, act and incorporate the residents wishes and abilities where possible.

On select times the home provides an entertainment type where the units come together in the main building to enjoy.

Milton unit.

Residents spoken to confirm there a several activities available and they have outings during the year which they enjoy.

The Provider completed feedback in November 2024 with several residents relating to lifestyle/activities to obtain feedback so activities can be more personalised.

The feedback from family members regarding the Activities Co-Ordinator ‘Andrea’ is very positive, and they confirm their relatives enjoy lots of different activities in the home.

A resident stated that she chooses not to participate in activities or sit with others in the lounge due to health concerns but is aware that activities are available to her. Efforts are being made by the staff to encourage her to engage more with other residents and activities.

Hayward unit.

The homes Activity Coordinators focus the activity on the service users interests and ability.? Activities which the service user has taken part in are fully recorded on the I Care system.? Meaningful activities based on the choice of the individual and their assessed ability.

Based on feedback from one service user and conversations with 4 family members, confirmation that the activity coordinators base the individual activities on service user choice, hobbies and interests and assessed ability.

A printout of the planned activities for Hayward unit across the month, are printed out and placed in the service users' room.? This ensures the service user and their family are aware of what activities and outside entertainers are planned.

Any forthcoming events or outside entertainers are also detailed on the providers website called ALTRA.

From observations and evidence viewed, it was confirmed that the home is providing meaningful activities to service users.

Feedback from the four relatives spoken to, confirmed that their relative is supported to take part in activities within the home if they are able or wish to attend.

Standard 02 - Consent

(B06) Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:08
Harvester unit.

Observations on the day of the visit confirmed staff always obtaining consent, the staff members also demonstrated how to communicate with non-verbal residents, showing a depth of knowledge of each resident it was evident to see staff having great knowledge on how to provide information and how to receive consent or a refusal through the resi dent's body language.

Daily logs confirm staff request consent for each task, including knocking at their bedroom door and waiting to be invited in where applicable.

Milton unit.

Carers were gaining consent from service users during lunch / activities. Carers were asking whether the resident wanted to wear a clothing protector. In the daily notes staff recorded that they knock before entering their rooms but do not always record consent for providing care. One resident I spoke to confirmed they are always involved with their care and staff always ask them for their consent when providing care and support.

Hayward unit.

From observations covered over the two days, able to observe care staff seeking consent to assist service users to walk from their rooms to the main communal lounge and consent to assist them to walk back to their rooms.? Consent to assist a service user to attend an activity in the community lounge.?? Care staff observed speaking to service users in a pleasant manner and with respect.??Consent to personal care and medication evidenced in the daily notes. If the service user refuses care and consent is not given, then this is recorded on the providers I Care system.?? (Access to daily notes on the providers I Care System).

Recommendation: Ensure consent is consistently recorded in daily notes for all personal care.

Standard 03 - Care and Welfare of People accessing the Service

(B07) People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:08
Harvester unit.

Where residents are not able to make decisions, it is documented that the family have been involved, or staff have made a BID following the correct guidelines.

On discussion with families, it was evident that they were preferring not to get involved with the care planning, they had confidence in the home to create and provide the best care.

Limited evidence of goal setting and action to implement.

Care plans are regularly reviewed.

There were limited opportunities to gage from residents if they had been involved on their care planning.

Milton unit.

A family member confirmed they were involved in the initial care and support plan and are also involved in the reviews ensuring their relative is supported, their needs are met and preference are reflected in the care plan. Staff also keep them informed of any changes.

Hayward unit.

Feedback from family members, confirms that they have been involved in the development of the “Life History /Story” document and the initial assessment and care planning process.? Family confirmation that they have been asked to read the care plans and sign the care plans to agree the care plan meets their relative's needs.

For the service users who have a diagnosis of dementia, realistic goals on service user files. family were able to confirm that they have been involved in stating what their relative would like to achieve.

(B08) If a key worker system is in place then people accessing the service are aware of who their named care worker is.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:09
Harvester unit.

Although Harvester doesn’t operate a key worker system, on discussion with residents families, they felt that they could go to any member of staff at any time, on discussion with staff, they operate in a way that all staff monitor and

support all residents, this creates a full proof way to ensure all needs are met at all times, especially when staff members are on the residents still have support and continuity.

Milton unit – not assessed.

Hayward unit.

The home has a key worker system in place. The key worker's name is written in the service users life history box outside of their room.? Relatives and family can see the key workers name displayed outside of the service user's room.

From conversations with family members, family are aware of who the named key worker is.

(B09) Observation of care staff interaction and care delivery demonstrates that the person accessing the service remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:09
Harvester unit.

Observation of care staff interaction & care delivery demonstrates the service user remains safe; their needs were adequately met; & their welfare was protected, & delivery of care was effective, observations saw staff reading the mood of the residents with interactions to support the residents and focusing on improving the mood. It was evident to see that staff know the residents well and can tailor the delivery of support in line with the residents' needs on that particular day.

When using equipment, staff were observed completing safe & appropriate moving & handling while retaining the resident's dignity & where there was a cognitive impairment clear instruction were given at each stage of the manoeuvre.

Where required staff would raise concerns to line manager for medical assistance for the resident when applicable.

Documentation was up to date and actions recorded, although there were some small discrepancies with the repositioning chart.

Milton unit.

Staff interactions with residents were positive. Staff were calm, polite and supportive. There was enjoyment in conversations between residents and staff, and a clear understanding of needs and preferences. Residents were supported to attend and take part in the activities during our visit when they wanted to. The call bells were observed to be in easy reach were answered promptly.

Hayward unit.

We observed very positive interaction between care support staff and service users.? Staff were seen to be speaking with service users in a pleasant manner encouraging them to engage in conversation.

Staff were prompt to support when service users became distressed.? Care support staff appeared to know the individual service users well and knew how to deal with any triggers.? Staff were patient when assisting the service

user to the activities lounge, back to the communal lounges and later in the day back to their own rooms.

Care staff worked in a professional manner and in support of the resident's safety whilst promoting independence as much as possible. We observed consent was gained prior to any care or support provided.? Assistance offered with meals if needed and the food choices of the individual respected.

Service users appeared well cared for and, for those with reasonably good mobility and independence, able to move around the home freely without restrictions.? However, due to dementia diagnosis, support to walk around the unit is still offered and supported to ensure safety.

Standard 04 - Meeting Nutritional Needs

(B10) People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:10
Harvester unit.

Through discussion with families, residents, and the chef it was confirmed that the residents' preferences and health needs are taken into account when creating the menu, the chef works closely with all residents and families to ensure that the nutritional needs are met, choice is provided to the residents, and support and understanding is provided to ensure all understand and can make clear choices of why foods may be pureed.

The home does operate a pre ordering system but consider that due to some resident's complexities it is often a choice on the day that is required, this is often obtained through the use of show plates.

There are menus available and a 'light bites' menu option for each day allowing for a larger variety of foods to be selected from. There are also a variety of plate sizes to choose from.

Milton unit.

Menus are available on the tables at mealtime, with residents asked for their meal choice the day before. More than one choice was available. Meals include a balance of protein, vegetables and carbohydrates. The dining facilities were pleasant and calm. Most residents seemed happy with the meal choices; however, a few residents stated the food was not as good as it used to be.

A family member confirmed their relative is given food choices, but they will often say yes to the first option given but can request alterative if they don't like it. Family have been involved at lunch times as their relative wasn't eating and family helped to encourage their relative to eat more. They have had issues where staff will take away the main meal and offer pudding without encouraging their relative to eat more, the family have asked that staff encourage her to eat at least half or three quarters of the meal before offering a pudding to ensure she is eating a nutritional meal. They confirmed that some staff are better than others at providing this support. They have also requested a smaller portion as the portions were too big, this has been accommodated. In the Social Workers Care and Support Plan it requests carers to encourage adequate nutritional intake and to assist with feeding if required.

One relative I spoke to confirmed that their family member is very happy and loves the food. Said the chef is very

good and often speaks with the residents regarding the food and meal options.

Hayward unit.

Menus available in the dining rooms on dining room tables?. Two main meal choices are presented on show plates to the individual ensuring they have choice.

Alternative menu available if the individual does not want one of the two main meal choices.

For the service users who prefer to remain in their rooms for their meals, care support staff have a folder with pictures of meals choices available - staff ask the service user what meals they feel they would like, and this is ordered the previous day.

2 choices of main meals – vegetarian and diabetic meals available.

Care staff plate up 2 meals and show the service users the meal options available.? The service user is then able to choose which meal they would like.? The same process applies to desserts to ensure choice.

The home has a 4-weekly menu - week 1 to week 4.? Menus reflect a good choice nutrition.? The homes Head Chef has a list of service users who have specific dietary needs, and any know allergies to food.? This ensures service users assessed dietary needs are fully met.

Feedback from service users during this review advised that they feel they are given a good choice of two main meals and their choice of portion size provide regarded.? (Feedback from relatives/family confirmed that the food at the home is good.? (One family member commented "Ashlynn Grange has a very good head chef").

(B11) Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:10
Harvester unit.

Staff were observed working with residents that reflected individual needs, for example for those with sight impairments, staff were observed providing detailed descriptions of choices on offer. At mealtimes residents have viewing plates to help them choose which meal they would prefer, the residents also have a choice of plate size.

On discussion with the chef, who confirms that he works closely with the residents and families to ensure choice is given.

Residents are able to choose a week ahead from the main menu, and if on the day they decide they would prefer an alternative meal they can choose form the ‘light bits’ menu.

Milton unit.

During lunch staff were observed to offer choice. Show plates are used within the service to offer choice and allow the resident to see the food options available on the day. Speaking to the chef he was very knowledgeable about each of the service users’ preferences including portion size. They have a four weekly menu and this is changed every 3 months with residents' involvement.

Staff were asking whether residents would like to wear a clothing protector or not. Adaptive cutlery / plates were available.

Residents are given choices of their meal options the day before as this is when food is ordered. Menus are available on the tables. Residents I spoke to said they could not remember what they had ordered but the food options were good. A couple of residents were not happy with the food.

Juice jugs were on the tables, orange or blackcurrant depending on the resident's choice, but they also have fresh juice and lemonade available.

Residents are involved and can be provide feedback regarding the food which is considered for the menu choices available.

Hayward unit.

We were able to observe care staff offering choice to service users with food options and choices of drinks.

Show plates are available during meal service to ensure the service user is supported with a choice of meals.? A folder of pictures is available to support choices.

Where there is a need for adaptive cutlery, and plate guards, these are available to support independent eating.? Service user/family feedback confirms they are happy with the food choices available at Ashlynn Grange.

(B12) Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people's dignity and they have a choice about whether to eat alone or with company.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:11
Harvester unit.

On the day of the visits there were snacks of different varieties including, fruit segments, crisps, chocolate and cakes on the counter of the open plan kitchen, where residents are able to help themselves, these were also being offered to residents who may struggle to help themselves by a member of staff who is present in the dining/activity room all day.

We were able to observe residents requesting drinks outside of mealtimes, staff were attentive and prompt dealing with requests.

Observations on the day included observing staff providing fresh jugs of juice and snacks within some residents roo ms.

On discussion with residents and families, they all confirmed they are able to access food and drink outside of mealtimes each day.

Milton unit.

Food and drinks were accessible during the day in the main lounge, the cafe in the unit or the main cafe in the main reception. Residents also had cold drinks available in their rooms either a jug of water or squash. The jug/bottle had a date sticker for the correct day.

One member of staff was always in the lounge / dining area and would assist the residents if they wanted to have a snack or drink. A tea round was noted at 11.15 and again at 14.45. In the afternoon cake, cookies or some other snack is provided.

Some residents ate in the main dining area / lounge, and some preferred to eat in their rooms.

Call bells in the residents' rooms were wireless and could be worn around the neck of the resident or placed on their table. Residents observed in their rooms had call bells within reach.

Hayward unit.

Service users have access to hot and cold drinks at any time of the day.

Service users have a jug of juice or water in their room and the drinks trolley goes round the units of the home in the morning and again in the afternoon.? Service users are offered drinks regularly throughout the day.

Service users/family confirmed they have the choice of eating in their own rooms or eating with other service users in the main dining room on Hayward unit.

(B13) Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:11
Harvester unit.

Observations at lunch time, confirms staff wash hands, wear disposable aprons prior to service food, observation of change of gloves and hand washing from some staff was also witnessed where applicable.

Observation of the chef wearing disposable gloves and apron whilst serving, along with keeping food covered when not being served, plates were cleared promptly and plates cleared promptly.

Milton unit.

Staff were observed washing their hands and wearing aprons to serve the lunch to the residents. Food is cooked in the kitchen and brought to the separate units on a trolley. Food temperatures are recorded.

Hayward unit.

All Care staff have had up to date food hygiene training and follow the correct procedures.

Care staff were observed using the correct utensils for food service - Sandwiches served to service users in the dining room and in the service user’s own room, were covered in cling film to ensure hygiene standards were mainta ined.

Standard 05 - Co-operating with other Providers

(B14) Where applicable there is evidence that staff support people to access other social care or health services as and if required.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:14
Harvester unit.

The home document all visits and where support to access these services are required, for example, when a resident requires medical appointments, chiropodists or dental care.

The home has a good relationship with two doctors surgery, this provides a weekly visit to residents, a weekly Teams call for staff to highlight any concerns or chase up prescriptions, alongside this if the home require assistance outside of these visits/contacts they can contact and where applicable be seen by nurses or JET team, these provide additional medical support.

Milton – Not assessed.

Hayward unit.

From conversations during this review, service users and their relatives, confirmed that they feel sure care staff will support them to access other health services if needed.

Care staff support service users to access the G.P, and the homes visiting chiropodist.

Service users care plans are updated regularly to reflect regular appointments /services and any new services are updated in the care plans.

Standard 06 - Safeguarding People who use the Service from Abuse

(B21) People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:14
Harvester unit.

On discussion with various residents and family members, they all confirmed that they feel safe, with comments of “Best place ever”, “I feel settled and safe, staff are lovely”.

Observations on the day, showcased staff taking time to explain things, and be patient with residents, good

interactions were observed and lots of engagement.

Milton unit.

Residents and family members all confirmed they feel safe and observations during the visit support this. Several fa mily members confirmed their relative is well looked after and staff are really good.

No family members or residents spoken to have been subject to a Safeguarding concern at Ashlynn.

We did not speak with anyone who had been subject to a safeguarding enquiry.

Hayward unit.

Able to speak to only one service user during this review. However, family confirmed that they do feel their relative is safe on Hayward unit and that they are happy living at the home.

Family stated that they feel their relative is respected and encouraged to be as independent as possible.? They feel it is their home and can choose to stay in their own room if they wish or meet with other service users in the main communal lounges during the day.? Confirmation that they are supported to attend the homes activities if they wish to.? From observations and conversations with family, confirmation that they feel their relative is happy living at Hayward Unit.

Standard 07 - Cleanliness and Infection Control

(B15) Staff are observed to follow good practice in relation to cleanliness & infection control.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:15
Infection Control inspection completed by Louise Marvin, Infection Control Nurse, (Full Infection Control report will be sent directly by Louise)

Harvester unit.

Staff were observed following correct protocol for infection control, handwashing, change of PPE, correct disposal of PPE were all observed.

Training for infection control is at 94%.

Milton unit.

Staff were observed wearing aprons during the dinner service and washing their hands. Also, during the medication round the team leader used hand sanitiser between each resident’s medication and wore a glove to administer cream on a resident’s shoulder.

Hand washing facilities and hand sanitiser was available throughout the setting, and hand washing signage was in toilets. Pedal bins were provided in toilets and around the home.

Cleaners were in the unit during the visit and were observed using warning signs when mopping the floors.

Hayward unit.

An infection control inspection was completed on Hayward unit during day one of this full review.

Findings for Hayward unit:

Hand Hygiene:

Hand hygiene posters in place, although correct information present, they are older versions from the National patient Safety Agency which no longer exists.

Two staff members noted to not perform hand hygiene following removal of aprons.? This was discussed with one of the members of staff at the time who immediately washed their hands.

Wall mounted alcohol-base sanitisers located within the unit.

Service users offered hand hygiene prior to eating their lunch.

PPE:

Good supplies of PPE available, although all stored in one cupboard and not easily accessible throughout the unit.? (This may be due to a risk assessment).

No inappropriate glove use observed.

The homes main kitchen has one sink for staff hand washing.? The kitchenette on Hayward House has one sink for staff hand washing.? (Paper towels and hand wash provided).

Recommendation: Ensure up-to-date guidance is used within the home around infection prevention and control.

Standard 08 - Management of Medicines

(B16) Staff are observed to handle medicines safely, securely and appropriately.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:16
Harvester unit.

Meds were evidenced as consistently kept secure, observation on the day showed staff unlock the door for the medi cine room, inside of the room were two cabinets containing residents' medication, these were locked to the wall and via the door of the cabinets. Inside the room was a medicine fridge which stored the temp controlled medication.

Staff were witnessed locking cabinets when not in use.

Staff reported they explained medication to SUs when administering/prompting. This was also observed.

Staff were observed not to be distracted when administering medication, they wear a ‘Do not disturb’ tabard when on medication round.

Staff reported they followed preferred methods of administration of medication for residents which is written in their care plans.

Milton unit.

A medication round was observed on the Milton Unit. The member of staff collected the locked trolley from the medication room and locked the medication room behind them. Staff had a laptop on the trolley accessing the electronic MAR Charts. Staff marked the electronic MAR sheet on a laptop when the medication was potted and then waiting for medication to be taken before signing the electronic mar sheet confirming the medication had been administered. The trolley and laptop were locked between each person's medication. The Team Leader used hand sanitiser after each medication was given and wore gloves to apply cream. For any PRN medication the member of staff checked with the resident whether they were in pain and whether they wanted to have the medication prior to preparing the medication.

The photo was greyed out if no medication was due, was colour coded blue if medication was due, brown if PRN and Red if controlled drug. No Controlled drugs were administered during the medication round. The photo of the resident is updated annually.

Once the medication round was complete the medication trolley was returned to the medication room and locked to the wall. We reviewed some medication to check they had a label confirming date opened e.g. eye drops, creams a nd liquid paracetamol. The liquid paracetamol should have been disposed of in October 2024.

Hayward unit.

I was able to shadow a medication round during this review.? Observations of good practice - care staff explaining what the medication is for before administering to the service user. The medication trolley was observed to be always locked whilst the staff member administering the medication, was with the service user in their room.? All medication records brought up to date.

Athena Care’s Medication Policy is for all care staff who administer medication to wear a tabard which states: "Do not disturb".

Any known allergies are recorded on the service user's MAR Chart and in their care plans.

Room temperature checks recorded twice daily in the medication room.

Fridge temperature checks recorded twice daily in the medication room.

(B17) People accessing the service confirm that they are involved in decisions regarding their medication.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:16
Harvester unit - Not assessed

Milton unit.

A family member confirmed their relative is involved with decisions regarding their medication and the family are kept informed of any changes. Their family member needed to have steroid cream and family were contacted when this treatment started and when it had to be stopped as it could only be used for a short amount of time. They did confirm however that their relative has paracetamol and this is just given to prevent pain, their relative is not asked whether they want to take it or not.

Hayward unit.

During the service user file audits, there was evidence?that for service users who do not have capacity (Dementia Care Unit), the involvement of the family member was evidenced.? Family with Power of Attorney for Health and Welfare was recorded on the homes I Care electronic system.

During the medication round able to observe staff advising service user what the medication was for and asking for consent to give the medication.? From conversations with family members, they advised they are happy for the care staff to administer their relative's medication.

Service users/family members, can request a visit from a G.P., and Hayward unit will support.

Standard 12 - Staffing and Staff Deployment

(B18) Through observation and discussion with people accessing the service, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with People who may have a variety of needs.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:17
Harvester unit.

On the day of the visits, there were sufficient staff on duty with the correct qualifications and training, Management confirmed there were 8 members of staff on duty at the time of the visits alongside chefs, and cleaners. Through discussion it is evident that usually on Harvester there are 7 members of staff, 2 x on each corridor, 2 x in kitchen/lounge and 1 x floating between unit.

On the day of the visits staff were witnessed to be working effectively, engaging with residents, allowing for time for the residents own pace and communicating effectively with residents and each other.

All staff demonstrated a great knowledge of all residents, likes, habits, any triggers, distraction methods and needs.

Milton unit.

All family members confirmed that they feel there are sufficient staff on duty to provide their relatives with required care and support. During the visit staff were attentive to the residents and call bells were answered promptly. A member of staff is always present in the dining room/ lounge to help and support the residents.

Hayward unit.

From observations there appeared to be enough staff on duty to ensure safe care for the service users. Care staff

were observed to be working in a professional manner and fully competent in their knowledge of good care and able to relate to the individual service users care needs.

The home has a Dependency Assessment tool.? Staffing levels are based on the assessed need of the individuals living at Ashlynn Grange (Athena Care).

From conversations with service users and their family, advised that they feel there are enough staff on duty to meet their needs.? From feedback, the family advised that their relative is supported to walk to the main communal lounge during the day and care staff will help.? Family confirmed they do not feel their relative is being rushed and staff are patient.? Staff were observed walking with service users to the communal lounges and at lunch time to the dining room.? Staff were walking with the service user at the service user's pace.

Family have confirmed that they have not had any concerns that their relative has had to wait a long time for their call bells to be answered. Confirmation that they feel their relative is safe and confident in the care worker ability.

Standard 15 - Using Information and Dealing with Complaints

(B19) People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 12:17
Harvester unit.

Through discussions with residents and families, it was evident that they had been supplied with initial provider information, but most feedback was that they would contact the manager to raise a complaint, limited feedback of contacting LA or LGO.

Milton unit.

Family members spoken to could not recall whether they had been provided information on how to make a complaint. They did confirm that they feel comfortable raising issues with staff or with the General Manager but had not made a formal complaint. Information is available in the Residents Guide which confirms the complaint process, there are also feedback forms available in the lobby area and a box to put them in.

Hayward unit.

Ashlynn Grange (Athena Care) have a complaints process to ensure service users, and their family know how to complain if they feel the need to.? (The complaints process is in the homes service user guide held in the service users' room).? Family confirmed that they have received and read the information in the Service User guide.

The complaints process highlights the home manager as the initial first contact for complaints.? If the complainant is still not satisfied with the outcome, the flow chart lists other people within the organisation they can go to, or other agencies including Care Quality Commission (CQC), Local Government Ombudsman (LGO), local authority, (Peterborough City Council (PCC).

From discussions with service user and four relatives/next of kin, confirmation that they are aware of the home's

complaints process and have read the service user guide.?? Advised they would feel comfortable to make a complaint and feel assured the complaint would be addressed thoroughly and promptly.

(B20) People confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 19/12/2024 11:34
Harvester unit.

Through discussions families felt that if they have had cause to complain that they would be supported and that they feel they would be kept informed of the progress and outcome of their complaint in a timely manner.

All discussion had confirmed that no one had felt the need to make a complaint.

Milton unit.

None of the family members of residents I spoke to have made any complaints.

Hayward unit

From conversations with service users' family, confirmation that they feel any complaints they make would be addressed by the home manager and progress fed back to them.? Confirmed that they feel their relative, if able, would be supported by staff to make a complaint or raise a concern if they needed.

Section C

Staff Knowledge & Understanding

Standard 01 - Respecting and Involving People Accessing the Service

(C01) Staff are able to explain how they ensure people are treated with dignity and respect.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:02
Harvester unit.

Staff were able to demonstrate appropriate knowledge of policies & organisations approach, they were able to give examples of how they respect dignity and privacy, this included requesting consent, offering choice, addressing resident by preferred name, closing doors, curtains when personal care was being undertaken and giving clear informative guidance in all tasks.

Milton unit – Not assessed.

Hayward unit.

Able to speak to 4 care staff during this full review of Hayward unit.

All care support staff have had training in Equality and Diversity.

The individuals care plan highlights all the service users likes and dislikes and their life choices.? From training, staff understand the importance of respecting service user choice and individual care needs.? The home has policies in place for Equal Opportunities which all care staff are aware of from induction training onwards.

From observations, during the two days of this review, care staff appear to know the individual service users well. Observations of care staff supporting individual choice which included choices of meals, choice of how to spend their day and choice of activities they wish to attend.

From conversations, care staff advised how they would ensure that they treat service users with respect and dignity.? Answers included ensuring that curtains and doors are closed when supporting with personal care. Care staff spoken to confirmed they ask for the service users consent prior to providing any personal care and discuss each stage of the care with the individual.

Daily notes on the providers I Care system evidence what personal cares have been provided and how the service user has spent their day.

Standard 02 - Consent

(C02) Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:03
Harvester unit.

Through discussion with staff they were easily able to identify the 5 principles of the MCA, and give examples of how they apply this to their working day, for example if a resident wishes to make an unwise decision, such as they wish to have a chocolate bar and they are diabetic the carers provide clear information and encourage the resident to maybe have 2 fingers of KitKat rather than all of it.

Where the staff have to support a resident to make a decision the staff confirm that they would do this in the least restrictive way and in their best interests. For example, if the resident was struggling choose to have a bath or not, the staff would support by encouraging them to have a bath, to promote personal hygiene, this would be done when the resident was feeling more energised and reduce any risks of falling.

Milton unit.

Staff spoken to were able to describe how they ensure the principles of the MCA are put into practise in their daily work. One of the team leaders spoke about the MCA and BI decisions to assess whether the resident has capacity to make different decisions.

Hayward unit.

All care staff have had Mental Capacity and Deprivation of Liberty training.? (Providers training matrix evidence Mental Capacity training at 89%.? From conversations with four care staff members, it was evident that care staff have a clear understanding of the Mental Capacity Act and the 5 principles.

Responses referred to knowing the individual and offering choice.? Staff mentioned using the least restrictive option and referred to not using bed rails unless necessary and follow the option of the bed lowered to the floor.

Throughout this review, staff were observed offering the service users choice and respecting their choice if they decide to decline.

Standard 03 - Care and Welfare of People accessing the Service

(C03) Staff understand and can explain the role of the keyworker if used in the service.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:03
Harvester unit.

Although Harvester doesn't operate a key worker system, on discussion with residents families, they felt that they could go to any member of staff at any time, on discussion with staff, they operate in a way that all staff monitor and support all residents, this creates a full proof way to ensure all needs are met at all times, especially when staff members are on the residents still have support and continuity.

Milton unit.

Staff spoken to did not appear to be aware of the key worker system, we understand this is under development, but it is important that staff and residents are aware of who their key worker is and what their specific role as a key worker entails.

Hayward unit.

The key worker system is in operation across the home.? Care support staff were able to confirm their role as a keyworker, what it involves and which service users they were allocated to.

Recommendation: Ensure key worker system is consistent throughout the home and all staff are aware of their role as a key worker.

Standard 06 - Safeguarding People who use the Service from Abuse

(C04) Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:03
Harvester unit.

Staff could list signs of abuse, the different types of abuse and how they would report, including the Whistleblowing procedure, these steps varied slightly from reporting to team lead/ manager to head office but all highlighted CQC and LA, staff also stated documentation of findings/incident and ensuring residents remained safe.

Staff training on safeguarding 95%.

Milton unit.

Staff were able to confirm the different types of abuse and what to do when they suspected that abuse had occurred. Staff did not mention the companies Whistleblowing procedure.

Hayward unit.

The 4 staff members were able to give examples of possible abuse including: "Changes in behaviour", "Bruises"

"Emotional breakdown".

Staff confirmed that they would speak with the manager or the senior in charge if they had any concerns or, had wit nessed any kind of abuse.? Confirmation that care staff know who to contact outside of the organisation if they feel it necessary.? Care staff are trained in both safeguarding and whistleblowing and are aware of the homes policies and procedures.

(C05) Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:04
Harvester unit.

Staff spoken to confirm that they have completed all mandatory training and receive refresher courses throughout the year.

Training matrix shows - Staff training on safeguarding 95% and MCA & DOLS 89%.

Staff spoken with have confidence in the safeguarding process and demonstrate a good understanding of MCA and BID.

Milton unit.

Staff spoken to confirmed they have received appropriate training about safeguarding adults from abuse, MCA and DOLS.

The staff are due to receive some further training in relation to MCA's from CCC this month. Staff demonstrated an understanding of what different types of abuse there are and what to do if they suspected abuse.

Hayward unit.

The care staff were able to give examples of the different types of abuse.? Access to all company policies and how to report abuse.

Care support staff confirmed they are aware that whistle blowers are protected and understood what whistleblowing is.

Care staff who work on Hayward unit know the service users and are aware if there is a DOLS in place.? In addition, the care plans highlight if a service user has a DOLS in place.

All care staff have had training in Mental Capacity and Deprivation of Liberty (DOLS).

Standard 07 - Cleanliness and Infection Control

(C06) Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:04
Harvester unit.

Staff confirm they have had training on infection control, they are able to demonstrate the correct donning and doffing of PPE, highlight the correct disposal procedure, waste management and are all aware of vaccination importance, the home have provided a vaccination hub at the home for residents and staff to have vaccinations if they wish to.

Staff confirm that they wash their hands regularly before and after tasks, along with supporting residents to wash their hands before and after mealtimes.

Milton unit.

Staff confirmed they had received training in infection control and had also had a group session with the Director of Quality and were able to explain how to prevent infection.

Hayward unit.

From the homes training records, confirmation that staff have had up- to- date infection control training.? Staff are aware of all infection control standards and expectations.

Standard 08 - Management of Medicines

(C07) Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:05
Harvester unit.

At the Harvester it is only the nurses that administer medication, the nurses on duty were able to confidently explain how they handle, administer, store, order and secure medications.

Staff also confirm that they have undergone regular training and have medication competencies every 6 months alongside spot checks.

Milton unit.

Only team leaders or the nurse complete medication administration. Staff were able to explain medication management and how to keep medication secure, they confirmed they had attended the training and have annual competency checks. Staff confirmed they was confident in managing medication and spoke confidently about PRN medication and completing MAR charts.

Hayward unit.

Staff were able to explain medication management and how to keep medication secure.? Staff confirmed they had attended the medication training and had yearly Medication competency Assessments.

Staff confirmed they feel confident in managing medication and spoke confidently about their understanding of PRN medication and completing MAR charts.

Standard 10 - Safety, Availability and Suitability of Equipment

(C08) Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:05
Harvester unit.

Staff were able to explain how they use the hoists and what checks to perform prior to using, they also stated that they felt able to seek additional support if required.

Staff confirm that they receive online and face to face training.

Milton unit.

Staff confirmed they had received manual handling training which was e-learning and face to face and felt confident using the equipment. Staff confirmed that residents have their own sling and slide sheets in their rooms and that they check dates and a complete a visual check to ensure these to ensure safe to use.

Hayward unit.

Staff confirmation that they have had regular Moving and Handling training and stated there is enough equipment available to meet the needs of the service users on Hayward unit.? All equipment is serviced on a 6 monthly basis and safe for use.

Staff confirmed that they feel there are enough staff on duty to provide safe and quality care.? Staff confirmed that they do not feel pressured and staffing levels are safe.

Manual handling training was at 96% across the home at the time of this review.

Standard 12 - Staffing and Staff Deployment

(C09) Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:05
Harvester unit.

Staff stated that they feel there is enough staff in place and are rarely disturbed on their day off, they state that the provider has implemented a new system which alerts all staff of any outstanding shifts, staff spoken to all appreciate this system as they can accept overtime or decline without feeling pressured.

All staff spoken to were happy with the hours that they work and feel they have a good work/life balance.

Milton unit.

Staff spoken to confirmed that there is always sufficient staff on duty. They confirmed there are 7 care workers, 1 team leader, 1 nurse and the unit manager. A staff member confirmed they had a 5:1 staff to resident ratio.

Hayward unit.

Care staff confirmed that they feel there are enough staff on duty to ensure safe care and support is provided to service users.? Staff are aware of the homes Business Continuity Plan, which is implemented, if necessary, to manage unexpected changes to service.

Staff are aware of the homes Dependency Assessment Tool which monitors the changing needs of service users and ensures there are enough staff on duty to meet the needs of the service users.

Standard 13 - Staff Support

(C10) Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:05
Harvester unit.

Staff spoken to confirm that they have received an induction and shadowing at the start of their employment with

continued support within their 6-month probationary period.

Many staff have not completed the care certificate as they already hold NVQ's or additional training and qualifications.

Milton unit.

A member of staff I spoke to confirmed they were new to care when they first started at Ashlynn Grange, they confirmed they had a comprehensive induction and had completed the care certificate. The nurse started 2 ½ months ago and confirmed the training and induction was very good, they got on really well. They confirmed they had medication awareness and medication administration training and medication competencies as well as EMAR training.

Staff confirmed that when they were new to their role, they shadowed other staff as part of their induction.

Hayward unit.

Care staff confirmed induction training covering the main mandatory induction training units.? In addition, the Care certificate is completed.? All new care staff have shadow shifts to ensure they are supported in their new role.

Shadow shifts are not restricted to a set timeframe and can be for as long as the individual needs.

(C11) Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:06
Harvester unit.

Staff confirm that they regularly receive supervisions and end of year appraisals, staff felt that they are able to raise any concerns or issues at any time, staff comment that they feel supported.

Milton unit – Not assessed.

Hayward unit.

Feedback from care staff was that they had regular one to one supervision and a yearly appraisal.

Staff files viewed during this review - evidence of one-to-one supervision and yearly appraisals. One to one supervision is usually 6 across the year and, in addition, a yearly Medication?Competency Assessment and a yearly Moving and Handling Assessment is completed.

At the time of the visit appraisals across the home were at 75% and 80% for supervisions.

(C12) Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:06
Harvester unit.

Staff confirm that they do regular training and refresher courses where applicable.

Staff state that they feel confident in providing the care and support and are adequately trained for all scenarios.

Staff mention their concern that they got paid to do course/training for one month and now they are expected to do it in their own time without pay or whilst at work but they feel they do not have the time on duty to do this as this would take time away from their caring duties.

Milton unit.

Staff confirmed they had completed all their mandatory training, some was e-learning, and some was face-to-face. Staff are sent reminders when their refresher training is due to be completed.

Hayward unit.

Care staff confirmed that they are aware of the homes mandatory training and that they have completed the providers full induction.

Refresher training is completed when due. Bespoke training is available if needed to meet the needs of the individual service user.

The homes training matrix is overall at 94%.

Recommendation: Ensure staff have adequate time to complete all training.

(C13) Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

○Excellent ○Good ○Requires Improvement ○Poor ◉Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:06
We didn't speak to any agency staff during the visit in any of the units.

(C14) Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:07
Harvester unit.

All staff spoken with confirm and could demonstrate knowledge of the whistleblowing policy and felt they would be supported if they had a need to report a concern. All confirmed that they feel that they work in a good team and have not had the need to raise any workplace issues.

Staff also confirm what they would do if they came across any workplace issues, following the organisations policies.

Milton unit.

Staff felt supported and confirmed that management and team leaders are excellent. Staff felt worked well as a team and staff could suggest ideas and different views which were taken on board by others. Staff aware of policies around bullying and harassment.

Hayward unit.

Staff clarified that they are fully aware of the homes Bullying and Harassment policy and procedures and know how to report any concerns they may have.

?In addition, staff know that the Unit Manager and the homes Registered Manager have an "Open door policy" if care staff need to speak about any concerns they may have.

Standard 14 - Assessing and Monitoring the Quality of Service Provision

(C15) Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:07
Harvester unit.

Staff stated that they feel confident in raising any issues and that they felt it was an open-door policy where they could discuss issues with team leads managers and main office at any time.

Milton unit – Not assessed.

Hayward unit.

Staff confirmed they know the homes Whistleblowing policy and procedure and feel comfortable to raise any concerns if they feel people are at risk.? Staff are aware that the home manager has an "Open Door Policy" and staff can speak to the Unit Manager at any time if they feel service users are at risk.

Standard 15 - Using Information and Dealing with Complaints

(C16) Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
Harvester unit.

Staff confirm that twice a day they have handover where they can bring information to the team, they also state that they have regular meetings, there are also separate clinical meetings and all lead meetings, staff spoken to all felt listened to and felt they have the opportunity to raise ideas.

Milton unit.

Staff confirmed they have staff handovers at 08.00 AM and 8.00 PM which is lead by the team leader or nurse this allows staff to ensure staff coming on shift are aware of any issues. A Daily Flash/Safety Huddle Meeting Form is used and covers several areas.

Staff have regular meetings including separate meetings for care staff, catering and maintenance.

Staff meeting agenda items have included MCA, Kitchen, IPC, lessons learnt and AOB . The nurse's meeting's included Sickness, shift swap, On call, Medication, supervision's, lessons learnt and AOB.

Hayward unit.

Care staff confirmed that they have regular staff meetings which they attend and can raise agenda items if they wish to.?? Staff confirmed they feel they can approach the home manager with any ideas that may make improvements and feel their ideas would be considered and actioned if approved.

Dates of Staff Meetings:
May 14, 2024
June 20,2024
August 14, 2024
September 13,2024
October 25,2024 and the next one is due on 10/12/2024.

Minutes of the meeting are held in the General Managers office.

Daily, weekly and monthly meetings.
1. Daily Flash Meeting at 11:00 am (Take 10)
2. Weekly Unit Manager's Meeting (Every Monday)
3. Monthly Clinical Risk Meeting

All the minutes of meetings are held in the General Managers Office.

Section D

Staff Training & Recruitment

Standard 11 - Requirements Relating to Staff Recruitment

(D01) Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
Staff files viewed were found to have completed application forms, interview notes (Two people had conducted the interview).? Two suitable references which had been verified. Health declarations, evidence of a DBS check, where appropriate the right to work in the UK documentation, signed contracts of employment signed by both the staff member and Athena Care.? Proof of identity and address documents. Any gaps in employment had been verified.

(D02) Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
Athena Care (Ashlynn Grange) do use agency staff only when needed.?? All agency staff have an agency profile which confirms the level of mandatory training and qualifications the agency staff member has.

Confirmation that a DBS check has been completed and in date.? If the agency member is a nurse, then the Pin numbers and dates are provided to Ashlynn Grange on the agency profile.

Agency staff are given an induction to the home including being shown around the home, Fire alarm locations and evacuation procedures, medication room, drug system and type of drugs, service user lift location, and buddying care shifts with an experienced member of the care team.? All service user care plans are on the homes I Care system and can be accessed by staff.?? Senior carers are on duty to support if needed.

(D03) Records evidence that other professionals and people who provide additional services are subject to any appropriate and necessary checks.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
Ashlynn Grange have a hairdresser and a visiting chiropodist.? Both have been DBS checked.? Any visiting professional entering the home comes through the main reception area where proof of ID is checked and a signature in the visitor's book entered.

(D04) The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
All staff have a job description and have signed to confirm they have read the homes Code of Conduct to ensure they know what is expected of them in their job role.

Evidence of signed contracts of employment which outlines the role of the employee.

Standard 13 - Staff Support

(D05) The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
Evidence of care staff completing a thorough induction training and induction sign off. Induction covered Introduction, housekeeping, Ergonomics, Biomechanics, Risk assessments, practical activities, falls, COSHH, hazards, fire equipment, applying to practice and reflection and quiz to conclude.

Competency assessments in medication and moving and handling and the care certificate completed for new care staff who have never worked in care previously.

Shadow shifts for new care staff supported by a more experienced member of the care team to ensure new care staff are supported into their care role.

(D06) The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
3 staff files inspected during this review - evidence of regular one-to-one supervision and yearly appraisals.

(D07) The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:08
Athena Care (Ashlynn Grange) Care Home has a training matrix which evidences the homes completed mandatory staff training. Overall, at 94%.? The Matrix highlights the completion date of the training and flags up when refresher training is due.

Bespoke training is available to care staff to ensure care staff can meet the needs of the individual service user.

Section E

Environment, Equipment & General Safety

Standard 06 - Safeguarding People who use the Service from Abuse

(E08) Appropriate safeguarding Information is on display in the Home.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:09
From the main foyer of the home there was clear signage of safeguarding reporting and contact details.

In Milton there was a Peterborough Safeguarding Leaflet available in the lobby area, but this was not visible or displayed on the wall. They did display a ‘Hear Something, ‘See Something’, ‘Say Something poster.

Standard 07 - Cleanliness and Infection Control

(E01) Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

○Excellent ○Good ◉Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:10
Infection Control inspection completed by Louise Marvin, Infection Control Nurse, (Full Infection Control report will be sent directly by Louise)

Harvester unit.

It was evident from the visit that there is adequate hand washing facilities, disposable hand towels, and separate toilet facilities for staff and residents, there is PPE located throughout the home.

The building is wearing through age and has areas where infection could be a concern, with gaps in the bathroom

flooring to wall, dripping taps and scuffed areas throughout the corridors.

Meeting notes highlight some concerns it was noted on 5/11/2024 that;

- 'All staff need to sign the IPC policy in Harvester'
- There was a lack on incontinence pads and staff were having to swap between units to get more pads.
- Some residents were in small pads all night rather than the large ones.
- There were not enough laundry bags, resulting in soiled bedding being left on the floor in the sluice room.
- Poor standard of white disposable gloves are being used as they have lots in stock, although staff report that they break too easily.
- Not enough clean bed linen available.
- Lack of net pants on each unit.

There was also mention of 12 assessments were required for high risk of falls.

Milton unit.

Handwashing and antibac stations were available including at the entrance to the unit. Soap and paper hand towels, were available in all toilets, as were pedal bins which had lids. Staff and residents use separate facilities. Milton Unit has 2 separate sluice rooms which were locked and included toilet for disposal from commode waste etc. Washing machine for commode bowl and urine bottles, separate sink and yellow bin for clinical waste. Dirty laundry is stored in the sluice room (red bags are used for soiled laundry) and collected twice daily by staff in the main laundry room.

The kitchen was clean, tidy and relevant equipment was visible. All food in the kitchen is labelled and in date. There is adequate storage. There were coloured knife handles (in line with recommendations e.g. red for meat, yellow for cooked meat etc). The kitchen was fitted with stainless steels sinks and worktops for food preparation. There was a thermometer for checking food temperatures. Records of fridge/freezer temperature checks were in order and up to date. Cleaning schedules were in place.

Ashlynn Grange has a 5-star food hygiene rating.

94% of staff have completed the Infection Control training and 99% of staff have completed the COSHH training. A member of staff also confirmed they had had IPC training within a group supervision with Hazel. The provider completed a Health and Safety Audit and Infection Control and Cleanliness Audit on a quarterly basis.

Hayward unit.

Hayward unit was found to be clean, and no odours were noted.? From observations during the review maintenance on the Hayward unit was to a good standard.

Toilets and bathrooms were clean with plenty of paper towels, soap dispensers and no concerns highlighted.? The homes communal lounges were clean, and no obstructions noted.? Service users own rooms were observed to be clean and tidy.

The home has two cleaners on Hayward unit daily. Sometimes there are three cleaners on duty.

Cleaning schedules overseen by the Head of Housekeeping monthly.

From observations around the home, bathrooms and toilets appeared to be clean. No overflowing bins noted.? Monthly health and safety audits in place including infection control audits which are completed by the homes General Manger on Hayward unit every month.

An infection control inspection was completed on Hayward unit during day one of this full review.

Findings for Hayward unit:

Hand Hygiene:

Hand hygiene posters in place, although correct information present, they are older versions from the National patient Safety Agency which no longer exists.

Two staff members noted to not perform hand hygiene following removal of aprons.? This was discussed with one of the members of staff at the time who immediately washed their hands.

Wall mounted alcohol-base sanitisers located within the unit.

Service users offered hand hygiene prior to eating their lunch.

Handwashing signs and handwashing facilities in place throughout the home. Hand wash and paper towels available.

The home has a thorough Infection Control policy available to staff at any time.? (Athena Care polices available on-line to care staff).

From observations staff were using appropriate PPE - All staff have had up to date infection control training which at the time of this review was at 94%.

Action: Ensure actions highlighted in relation to IPC are implemented.

(E02) There is sufficient information provided to people, staff and visitors about infection prevention and control matters.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:10
Milton unit.

There is infection, prevention control information for families and staff in a folder in the entrance area. This included respiratory and cough hygiene and hand hygiene. Hand hygiene facilities were available throughout the home, including at the entrance to the home. Soap and paper hand towels, were available in all toilets, as were pedal bins which had lids. as well as hand sanitising gel around the unit. Hand Hygiene signage/guidance was in place to reminding people to wash their hands correctly.

Hayward unit.

Hand washing facilities available throughout the home and hand gel in the entrance areas of Hayward House.? Hand washing signs around the home reminding people to wash hands.? Gloves and aprons available.

Standard 08 - Management of Medicines

(E03) Medicines are stored and administered safely including any homely remedies and covert medication.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:11
Harvester unit.

Medication is stored in, locked cabinets in a locked room, medication is safely stored with in cabinets or medication fridge as required.

Covert medication is supported by BDI and a GP signed form.

Milton unit.

The medication room was locked and secure (key lock and keypad) and was temperature controlled with an air conditioning unit in the room. The medicine trolleys were stored in the medication storeroom and secured to the wall when not in use.

All medication labels were clear to read, and the date of opening was recorded, staff spoke confidently about unused medication disposal. There was some liquid paracetamol which had been opened for longer than two months so should have been disposed of in October 2024. Staff confirmed the medication is audited monthly, but this had been missed.

Medication trolley was organised with separate boxes with a photo of each person on the box.

Home has a process for monitoring fridge temperature twice a day. Staff spoke confidently about the process followed if outside of range.

Controlled Drugs (CD) storage was a locked metal cupboard bolted to the wall. The medication round is completed by Senior staff and/or the nurse only. During the medication round staff wore do not disturb tabards. The provider uses EMAR so all records are digital, and the staff member uses a laptop to access the MAR chart for each resident. Each resident has a photo on the system and if no medication is due the record is greyed out, if the resident is due medication their record appear in colour. The member of staff observed completed the medication round confidently, recorded when the medication had been put into the pot, took the medication to the resident, locking the laptop and medicine cupboard. After the resident had taken the medication, this was then recorded on the digital mar chart. They spoke about the process of recorded refused medication. When dealing with PRN medication e.g. pain relief the staff member spoken to the resident first to ascertain whether they were in pain and whether they required/wanted the medication.

One resident has covert medication, the reason for this was discussed, GP consent had been obtained, and family were involved with the decision in the person's best interest. Forms had been signed by those involved with this and why medication needed to be given covertly was discussed.

The provider has a Medication Policy and Procedure and a separate Controlled Drug Policy and Procedure.

Hayward unit.

Hayward unit has a medication room – temperature checks twice daily to ensure the room is at the appropriate temperature.? Fridge temperature checks twice daily.?

Medication trolley is locked in the medication room.? Homely and Covert medication policies in place where applicable.? For any service users who may be on Covert medication, risk assessments are in place and signed by

the G.P. and pharmacist.

Standard 09 - Safety and Suitability of Premises

(E04) The premises are safe and ensure people accessing the service, staff and others are protected against the risks of unsafe or unsuitable premises.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:11
Milton Unit was only reopened a couple of years ago and was refurbished prior to reopening. There is hard flooring throughout the unit and the decor is pleasant. The unit is safe and suitable for the residents and staff. Other units co uld benefit from some refurbishment.

In Milton Unit the new fire alarm system put into the unit identifies which zone/room the fire is in, so staff can evacuate the affected area first if possible. There was a picture of the different zones on display in the lobby. There was also the albac mat which is required to evacuate those who are non-mobile and an emergency bag and hi vis.

Discussions took place with the team leader regarding a practical training exercise using the albac mat so staff felt confident using it. There was a fire evacuation plan folder, this included the Fire Safety Policy, Fire Alarm Zone Plan and details of the residents including name, room number and level of assistance required. Individual PEEPS are accessible in the resident's care plan.

Fire exits were clear throughout the home, not obstructed and working door closers in place. Doors not wedged open nor prevented from closing by obstruction. One fire door on the Milton unit when opened could not be secured to the fire detection magnet to keep open.

There is a connecting door between Milton and the Harvester Unit. This is locked and can only be opened by Harvester Staff or by breaking the emergency glass which will release the door in the event of an emergency.

Fire extinguishers were in place throughout the units, annual checks were in date.

Smoke alarms present in communal areas & bedrooms.

In the Milton Unit all rooms (except one) had a fitted wardrobe and chest a drawers and TV, there was also a bedside table. All furniture was in good condition. Each room has an en-suite with a toilet and sink. There is also a lockable bathroom cabinet which can be opened with a magnetic key, therefore daily moisturisers etc can be kept in the resident's room for ease.

There was window restrictors fitted to bedroom windows.

An external company Arma Connect completed the electrical testing in 2023 only one fault plug found during the inspection. PATS testing is completed annually.

A copy of the Non-Domestic Inspection Record for servicing of 4 boilers was completed on 23.09.2024 and next due 23.09.2024 detailing work carried out and any remedial work and kitchen gar service carried out on 23.06.24 and a Laundry Gas service on 08.01.2024.

(E05) The use of the premises ensures that people accessing the service with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:12
Risk assessments in place where specific needs are identified and incorporated in the care plan and in the delivery of care and support for the residents. Bed rail risk assessments were in place however some review dates have passed, so unclear whether the reviews have taken place.

Ease of movement around the home and gardens were accessible.

Handrails were available in the shower/bathrooms, some need to be reviewed for presence of rust and addressed a s required.

Call bells in the residents' rooms were wireless and could be worn around the neck of the resident or placed on their table. Residents observed in their rooms had call bells within reach.

Grab bag containing emergency equipment i.e. torches, Hi Vis jackets etc were available and the personal emergency evacuation plans (PEEPS) were in place.

(E06) There are appropriate security arrangements in place to address the risk of unauthorised access to protect people who use the premises.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:12
The main entrance to the home has a visitor signing in book in the lobby the main reception was staffed, and the staff checked our ID on arrival.

At each unit there is a porch where visitors sign in, the doors to the units have got to be released by an authorised member of staff, this is the same for leaving the unit, as this is secured by a keycode.

Any appointments with visitors are clearly logged and written into the resident's visitor log.

Standard 10 - Safety, Availability and Suitability of Equipment

(E07) Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:12
Harvester unit.

Hoists were kept locked within a storage cupboard, both with safety stickers on, Loler last tested 29/07/24 next inspection due 29/01/25, Batteries fully charged, equipment clean and ready to use, although the storage room itself was overloaded and cluttered, making it difficult to access anything other than the two hoists.

Milton unit.

The two bathrooms and three shower rooms I observed in the home were well equipped, clean with well-presented decor. Both bathrooms had an electric bath chair, the resident is wheeled into position the seat part of the chair is then attached to a bracket on the bath, raised into position and the resident is then lowered into the bath. There is also a separate shower on the bath, so it is easier to wash a resident's hair, there is also a sink and toilet. They have suitable equipment in the shower rooms, so they are accessible for the service uses. There is a shower chair available and in one of the larger shower rooms they was a shower bed/trolley for residents who are unable to sit in the shower chair, again there was a sink and toilet. Equipment is cleaned by night staff and wiped down by day staff after every use so they remain hygienic. The shower chairs had ‘I am clean’ stickers on.

Loler inspection carried out 7/08/2024 and tests completed every 6 months. Three bath hoists and a mobile hoist (not in use at time of assessment) on Hayward failed.

Section F

Leadership, Quality Assurance & Management

Standard 06 - Safeguarding People who use the Service from Abuse

(F12) Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:12
Any safeguarding incidents alerts were clearly recorded on the providers system, managed and accessible.

Athena Care have a clear safeguarding policy in place that provides contact information for the lead safeguarding in Cambridge, Suffolk, Norfolk and Peterborough.

Any allegations of abuse and/or safeguarding incidents were appropriately referred to the LA and relevant partners including CQC where relevant, health partners, GP, Police etc.

Lessons learnt, where applicable they include, risk assessment, best interests, fact finding investigations, action plans including extra equipment sought, lower beds in place, extra training and where required documentation of dis ciplinaries.

Standard 08 - Management of Medicines

(F01) Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:13
The provider uses electronic MAR charts (EMA) there is a photo of the resident which are updated annually. Includes residents name, room, GP, allergies.

The Medication, Healthcare, Treatments and Management Plan is reviewed monthly and includes details around ca

pacity, support required, preferences, allergies, flu vaccinations, whether the GP has recently reviewed their medication, any checks e.g. blood pressure required and changes in medication.

Only Team Leaders or Nurse's complete medication administration and have received training in medication management and EMAR. Staff receive medication competencies as part of the induction process and annual competencies are completed.

Staff explained the process if a medication error occurred including making sure the resident is safe and ongoing observations if required. Also informing manager, GP and family. Staff would then have to revisit training and have medication competencies.

Medication is re-ordered on 8th day of 28-day cycle and received by the third week so if any medication is missing this can be followed up with the GP or pharmacy.

Medication Audits are completed monthly on each unit.

Hayward unit.

Completes a daily and weekly medication count to ensure all medication for accounted for and a full medication audit each month which is overseen by the Unit Managers.? Any errors are addressed by the unit manager.

Service user file audits evidence appropriate medication risk assessments.? For service users who have capacity, e vidence of consent to medication forms on I Care.

All care staff who administer medication have a medication competency assessment yearly.?? The homes training matrix highlights staff have had up to date medication training.

MAR charts found to be in order and no mistakes noted. Mar charts have a photograph of the service user and highlight any know allergies.? The home has quality policies in place for homely, covert and PRN medication. PRN protocols in place for service users.

Medication room temperature is taken every day and recorded.

Standard 12 - Staffing and Staff Deployment

(F02) Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:13
The homes Dependency Assessment Tool assesses the current and changing needs of each individual service user and determines the level of care staff needed on each shift.

Staff rotas appeared to reflect sufficient levels of staff on duty and staff did not appear to be rushed.

(F03) The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:13
The homes Business Continuity plan which covers areas of emergency. However, the plan needs to be reviewed to include forms A to F.? (Please refer to the attached Peterborough City council Best Practice Guide for information).

The homes current Business Continuity plan is accessible to all care staff on-line.

Recommendation: Review forms A-F for consideration.

Standard 14 - Assessing and Monitoring the Quality of Service Provision

(F04) Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews).

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:13
There was evidence the provider continually gathered & evaluated information about the quality of services delivered using independent quality monitoring systems i.e. Care.co.uk.

Results from 2023-

100% agreed they felt safe
93% felt concerns would be dealt with
93% agreed or strongly agreed they live in comfortable homely environments
100% would recommend Ashlynn Grange
100% agree or strongly agree their oved ones are well supported
100% say they are treated well
(number of responses is unknown)

There was evidence of improvement to services from learning & acting on information from independent quality monitoring visits, feedback and reporting, they showed a ‘you said we did ‘which highlighted what has been put in place following reviewing feedback.

The provider is just changing to a system called Raddor, where all complaints will be uploaded, this creates a timeline of actions that is notified to the provider for attention if not completed, this will ensure all complaints are ack nowledged and responded to in a timely and appropriate manner, with a clear auditing trail to help identify patterns

and themes.

(F05) The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:13
The provider is part of the 'Carehome.co.uk' which gathers annual surveys from residents and families. The provider also has a residents user guide and encourages verbal feedback from residents and families whilst they are on the units.

The provider has a robust complaints procedure in place along with their whistle blowing policy in place and training for staff to ensure understanding and knowledge on how to report or raise concerns.

Standard 15 - Using Information and Dealing with Complaints

(F06) There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people accessing the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:13
The provider has a robust system in place that records any complaints, timelines and action plans with outcomes recorded. The provider is currently going through a change of software provider to Raddor.

The current process is, any notifications of concerns that come through are logged, with any links of supporting documentation, a full investigation where applicable is launched, an action plan will be created and assigned to a designated member of staff, lessons learned is then created.

(F07) There is evidence that the provider has a range of regular, organised meetings where Individuals, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:14
We have been provided with Nurses, Staff, Maintenance, and lead meeting notes following the visit, these show varying topics discussed. They did include where required, action plan from the discussions.

There are monthly resident meetings and quarterly meetings with residents / relatives.

The provider gathered feedback in September 2024 from residents relating to the menu. Feedback sought was:

What are your favourite 3 dishes on the current menu?
Least favourite 3 dishes on the current menu?
What are your favourite meat free dishes?
What are your favourite world cuisine dishes?
What are your favourite soups?
What is your favourite pudding?
Would you like to see on the next menu?
Bites would you like to see on the next menu?

Information was recorded and actions agreed.

Several actions were identified from this.

The provider also held taster sessions with 17 residents and got feedback on the taste, texture, appearance and por tion size. They also asked, “Is there anything else you would like to say about this dish?”, “Out of all the dishes you tried today, which one was your favourite?” and “Would you like this dish to be included in the regular menu?".

This information is then used to help develop the menu for the next quarter.

In November 2024 the provider gathered feedback from the residents/relatives on their Lifestyle/Activities offer, actio ns have been taken from the feedback to improve the activities offered.

(F08) There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

○ Excellent ○ Good ○ Requires Improvement ○ Poor ◉ Not Assessed

Standard 16 - Records

(F09) Personal records of people accessing the service are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

○ Excellent ◉ Good ○ Requires Improvement ○ Poor ○ Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:14

All care plans are held on their electronic system and computers are password protected. Any folders with care plan information are stored in the manager's office.

Daily notes are stored and accessed via a digital platform, care staff have mobile devises to record daily notes, and these are kept at work at all times.

There is no personal information on display in the home. The manager's office is locked when there is no-one in the office.

(F10) The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

○Excellent ○Good ◉Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:15
The provider has a robost DOLS tracker that is clear and evidences all applications made, any refusals, the reasons why the requirement of DOLS is detailed along with expiry dates and reapplication dates given.

MCA are on record and in line with any DOLS, a detailed form of least restrictive measures in place, this cross references with care plans.

On the Hayward tracker, one resident’s DOLS ended on 25/05/24, and it appears that a new DOLS has not been requested. Some information regarding date DoLs resought was not recorded on the tracker e.g. those due to expire in October/ November.

On the Harvester tracker, all DOLS which are due to expire have had applications made and recorded on the tracker. Where conditions apply, these are recorded on the tracker. Some applications have been made but no outcome, if the provider chases the LA for an update, it would be good to record this on the tracker.

On the Milton tracker, some information regarding date DoLs resought was not recorded e.g. those due to expire in October.

On all trackers there is no record of what date the CQC notification was sent.

On Hayward and Milton there is evidence of some conditions, but some have not been detailed although tracker states conditions apply.

Action: Ensure all DOLS are up-to-date and accurate records are held.

(F11) Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

○Excellent ◉Good ○Requires Improvement ○Poor ○Not Assessed

Comments

sara.thompson@peterborough.gov.uk @ 03/01/2025 13:16
The provider has recently moved to a new system Radar, this has only been in place since 11/11/2024 so limited information was provided. Radar has a dashboard providing better information management.

The provider completes the following audits:

- Daily home review and 10@10 - Daily
- Home manager walk round – twice weekly (Tues and Thurs)
- Care Plan Audits – Monthly (100% per home)
- Medication Audits – Monthly (1 per community)
- Catering Audit – Quarterly
- Diabetes Care Audit – Quarterly
- Health and Safety Audit – Quarterly
- Infection Control and Cleanliness – Quarterly
- Monthly RD Audit – Monthly
- Handwashing Audit – Quarterly
- Night Visit – Quarterly New
- Admission Care Plan – Monthly
- Tissue Viability – Quarterly
- Clinical Equipment – Quarterly
- Nutrition and Hydration Audit – Quarterly
- HR Audit – Monthly
- Visitor Experience – Quarterly
- Recreation and Lifestyles – Quarterly
- Finance Audit – Quarterly

The audits are completed on a monthly timetable throughout the year detailing which audits will be completed which month.

As the provider was transferring from paper audits to electronic audits no audits were completed in January. Also, no audits in July or August to allow staff to catch up with actions before transferring to Radar. The provider identifies any actions required from the audits and competes an action plan. The Home Manager has overall responsibility for the action plan but may delegate tasks to other staff. The system records a reference, description, location, assigned to and due date and when complete.

Examples of the actions required are:

· All PRN on EMAR are person centred
· Ensure that ‘resident of the day’ care plan audits are properly audited and checked
· Key Workers – to be implements by end of November
· Review and scrutinise the ‘resident of the day’ before sign off as lot of discrepancies noted on this month audit

The above shows that the provider is identifying gaps and taking measures to improve the care and support provided. The provider also has a Risk Register / Service Improvement Plan which is reviewed monthly by the Senior Leadership Team. The status is recorded as compliant, planned, pending or overdue. Currently 4 are pending and 2 are overdue. There is also a risk score recorded as low, moderate, significant and high and a target score. There is only a target score for two of the risks and one of these has the same current score and target score.

Recommendation: The provider could build on the risk register / service plan further to ensure SLT have good oversight of the service.

Progress Summary

	Section A	Section B	Section C	Section D	Section E	Section F
Standard 01 **Complete**	Standard 01 Complete	Standard 01 Complete	Standard 01 Complete			
Standard 02 **Complete**	Standard 02 Complete	Standard 02 Complete	Standard 02 Complete			
Standard 03 **Complete**	Standard 03 Complete	Standard 03 Complete	Standard 03 Complete			
Standard 04 **Complete**	Standard 04 Complete	Standard 04 Complete				
Standard 05 **1/2 questions remaining**	Standard 05 1/1 questions remaining	Standard 05 Complete				
Standard 06 **Complete**	Standard 06 Complete	Standard 06 Complete	Standard 06 Complete		Standard 06 Complete	Standard 06 Complete
Standard 07 **Complete**		Standard 07 Complete	Standard 07 Complete		Standard 07 Complete	
Standard 08 **Complete**	Standard 08 Complete	Standard 08 Complete	Standard 08 Complete		Standard 08 Complete	Standard 08 Complete
Standard 09 **Complete**					Standard 09 Complete	
Standard 10 **Complete**			Standard 10 Complete		Standard 10 Complete	
Standard 11 **Complete**				Standard 11 Complete		
Standard 12 **Complete**		Standard 12 Complete	Standard 12 Complete			Standard 12 Complete
Standard 13 **1/8 questions remaining**			Standard 13 1/5 questions remaining	Standard 13 Complete		
Standard 14 **Complete**			Standard 14 Complete			Standard 14 Complete
Standard 15 **1/6 questions remaining**		Standard 15 Complete	Standard 15 Complete			Standard 15 1/3 questions remaining
Standard 16 **Complete**						Standard 16 Complete

Notes

Ratings

Overall Rating

GOOD

Title	Rating	Score
Involvement and Information	Good	87.50
(Standard 01) Respecting and Involving People Accessing the Service	Good	85.00
(Standard 02) Consent	Good	90.00
Personalised Care and Support	Good	87.78
(Standard 03) Care and Welfare of People accessing the Service	Good	83.33
(Standard 04) Meeting Nutritional Needs	Good	90.00
(Standard 05) Co-operating with other Providers	Good	90.00
Safeguarding and Safety	Good	88.00
(Standard 06) Safeguarding People who use the Service from Abuse	Good	90.00
(Standard 07) Cleanliness and Infection Control	Good	80.00
(Standard 08) Management of Medicines	Good	90.00
(Standard 09) Safety and Suitability of Premises	Good	90.00
(Standard 10) Safety, Availability and Suitability of Equipment	Good	90.00

Suitability of Staffing	Good	90.00
(Standard 11) Requirements Relating to Staff Recruitment	Good	90.00
(Standard 12) Staffing and Staff Deployment	Good	90.00
(Standard 13) Staff Support	Good	90.00
Quality of Management	Good	85.56
(Standard 14) Assessing and Monitoring the Quality of Service Provision	Good	90.00
(Standard 15) Using Information and Dealing with Complaints	Good	90.00
(Standard 16) Records	Requires Improvement	76.67