

Peasmarsh Place (Country Care) Limited

Peasmarsh Place

Inspection report

Church Lane
Peasmarsh
Rye
East Sussex
TN31 6XE

Date of inspection visit:
08 April 2019

Date of publication:
24 May 2019

Tel: 01797230555

Website: www.peasmarshplace.co.uk

Ratings

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

Summary of findings

Overall summary

About the service:

Peasmarsh Place is a residential care home that provides personal care and accommodation. There were 18 people living at the service at the time of the inspection. Some people were more independent than others. Some people were living with early stages of dementia.

People's experience of using this service:

- People told us that they felt safe living at the service.
- Staff administered people's medicines and medicines were managed safely.
- Potential risks to people's health and welfare were assessed and managed to mitigate further risk.
- Checks and audits had been completed ensuring the quality of the service was consistent.
- The service continuously improved the quality of the care being provided.
- Accidents and incidents had been recorded. Themes and trends were investigated to help reduce the likelihood of them happening again.
- People told us there were enough staff to support them. Staff had been recruited safely and received training and supervision so they could carry out their roles effectively.
- Staff and the registered manager understood their responsibility to protect people from abuse.
- People's needs were assessed, care plans were reviewed regularly.
- People were encouraged to make decisions about their care and how they wished to spend their time.
- There were activities taking place during the inspection and people told us there was plenty to get involved with.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act were followed.
- The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS) and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.
- People had access to healthcare professionals and were supported to be as active as possible.
- People knew how to complain and were comfortable to raise any issues with the registered manager.
- We observed people being treated with kindness and respect. People were supported to be as independent as possible.
- The service was clean and infection control and prevention procedures were followed.

Rating at last inspection:

Good (report published 18 October 2016).

Why we inspected:

This was a planned inspection planned on the rating of the last inspection. We found that the service continued to meet the characteristics of Good.

Follow up:

We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Service was Safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Peasmarsh Place

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Peasmarsh Place is a care home. People in care homes receive accommodation and personal or nursing care. Care Quality Commission regulates both the premises and the care provided, and both were looked at during the inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (Provider Information return or PIR) to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we gathered information from the following:

- Two people's care records and risk assessments

- Medicine records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Three people using the service
- Three members of staff, registered manager and training manager.
- Staff and resident meetings
- Recruitment records

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met. Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify different types of abuse and were confident that any concerns they had would be managed appropriately by their managers. Staff told us, "I would tell my manager and 100% I know they would act on it."
- People told us they felt safe. One person told us, "I treat this as home now, I felt safe at home and equally so here."
- Staff were up to date with safeguarding training and the registered manager liaised with the local authority safeguarding team when required. This training was refreshed so staff could keep up-to-date with changes to legislation and best practice in safeguarding people.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed before people started to receive a service. For example, people at risk of falling or needed their nutrition monitored had appropriate risk assessments in place to guide staff how best to support people.
- When risks were identified, staff were provided with guidance on how to reduce those risks. For example, one person had a catheter. A catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag. Their care records included instructions on what action to take if the catheter gave staff concern.
- People were able to move around safely. Staff followed guidance in people's care plans about equipment and techniques when they moved people. One person told us they felt safe and comfortable when staff supported them when moving around,
- Staff had completed fire training and knew how to evacuate people in an emergency. Everyone had a (PEEP) personal evacuation plan in place.
- Risks relating to the building had been assessed and regular checks were completed. We saw records relating to the testing of the fire alarm and the registered manager carried out regular walk rounds to check for other hazards that could pose a risk to people.

Staffing and recruitment

There were enough staff to meet people's needs.

- Rotas were planned in advance. Staff told us they were given enough notice of the shifts they were given.
- The registered manager ensured they took into account the needs of people having both male and female members of staff on shift with varying skills, experience and abilities. One person told us, "There are enough staff, no rushing, people have time to do what they need to do."
- Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people.

DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. References were sought and checked.

Using medicines safely; Learning lessons when things go wrong.

- People's ability to manage their own medicines was assessed before they moved into the service. "One person told us, "I could probably manage my own medicines but I just prefer to let the staff deal with it. "That way I wouldn't forget."
- People received their medicines when they needed them and medicines were stored appropriately.
- Incidents, accidents and near misses were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong.
- They had identified staff were not always completing medicine records accurately. Senior management sought feedback from staff, which highlighted difficulties with completing the records. A new template was devised which led to better record keeping, and staff received refresher training in how to support people with their medicines.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons. The service had plenty of supplies and staff told us they never run out. People commented on the cleanliness of the home, one person told us it was "cleaner than her own home"
- Toilets and communal bathrooms were clean and soap was available for people, staff and visitors to use.
- Infection control training was provided to staff on their induction into the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or deputy manager met with people before they moved into the service to carry out an assessment to make sure staff could meet their needs. They tried to find out as much as possible about the person needs and wishes. This information was used to ensure the service could meet their needs.
- The assessment covered all aspects of people's physical, social and cultural needs. Information about people's protected characteristics under the Equalities Act 2010 such as sexual orientation were also recorded.
- People's health needs were also assessed using nationally recognised tools to assess nutritional requirements and skin integrity to help keep people as healthy as possible.
- People had good outcomes. One relative told us, "[Loved one] was so anxious and isolated before moving here. Now they have friends which is amazing."

Staff support: induction, training, skills and experience:

- Staff received training appropriate to their role including catheter care as this was a specific to the needs of some of the people they supported. Staff could tell us what signs and symptoms to look for and knew to ask for professional advice such as from GP's or District Nurses.
- Staff received face to face training, this enabled them to ask questions and practice their skills.
- New staff completed an induction. They worked with experienced staff to learn people's choices and preferences.
- Staff received regular supervision to discuss their practice and development. Staff told us they had discussed with their manager different courses they wanted to complete.

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

- People were supported to eat a balanced diet. People's dietary needs and preferences were met.
- Records of people's specific dietary needs were kept in the kitchen. We saw fresh vegetables and ingredients for the cook to use. People had choice and could ask for an alternative from the menu if they wished. One person said, "Meals here are varied, we have lots of choice and are very tasty."
- People were given a choice of meals including a cooked breakfast if they wished.
- Meals were a social occasion and people were relaxed and chatted to each other. People told us they enjoyed the food and there was always plenty of it. One person told us, "We can even have a glass of wine or sherry if we wanted to!"
- People were offered drinks and snacks throughout the day if they wanted them.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support:

- Staff monitored people's health, including their weight, and referred them to relevant health professionals when their health needs changed.
- Staff followed the guidance that health professionals gave including supplements prescribed by the dietician.
- People were supported to attend health appointments such as GP, dentist and optician.
- People were encouraged to live as healthy life as possible. There were regular exercise sessions within the service and people were encouraged to mobilise as much as possible. During the inspection we saw staff supporting people patiently as they moved to the dining room at meal times.

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

- The building was a grand old building that had been adapted to meet people's needs. The corridors were clear of obstacles to enable people to move around the building safely.
- There was a lift so that people could access all floors of the building.
- People had access to the garden if they wanted to. We saw the grounds being prepared for an Easter function.
- People's rooms were personalised to reflect their choices and preferences. People were able to bring their personal possessions with them when they moved in. One person told us, "I have just moved into this room as the previous room was too large. I'm getting some pictures put up this afternoon." As we left the room, a maintenance person arrived to put the pictures up.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf should be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there were two people with a DoLS authorisation.
- Staff supported people to make decisions about their care and how to spend their time. Staff told us that they always asked for people's consent before carrying out care and support. Staff had a good understanding of the principles of the MCA and always supported people to make their own decisions whenever possible. Staff told us if people were unable make a decision, an assessment of capacity would be completed and best interests procedures followed and appropriately documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- We observed people being treated with dignity and respect. Staff knew people well and could speak to people about their individual lives. People told us, "I can't praise the staff enough, they are kind and caring and so patient. One person had lived in the area all their lives and enjoyed chatting to staff about local history.
- People were comfortable to ask staff for any support they needed.
- People told us they were supported to maintain relationships with people who were important to them and visitors were welcome at any time. During the inspection, one person, who was quite anxious, was kept up to date about a relative visiting imminently. This helped to keep them calm.
- People could move around the service and were supported when required to.
- People were given choices about how or where they would like to spend their time. For example, one person liked to have a nap after lunch and staff knew this and kept interruptions to a minimum.

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

- People were encouraged to express their views about their care and support. People we spoke with were familiar with care plans. Relatives and all family members felt involved with the process.
- People's decisions about their care were respected by staff and these were recorded in their care plan.
- Staff supported people to attend health care appointments to express their views and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were promoted. One person told us, "I recently had a bereavement and the girls know if I am having a bad day, they need to give me more time, sometimes do more. This helps me greatly."
- People were encouraged to be as independent as possible. The care plans gave staff information about what people could do and how to maintain this.
- Staff knocked on people's doors and waited to be asked in.
- People told us staff respected their privacy and always waited to be asked into their rooms.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well including their preferences, choices, likes / dislikes and these were recorded in their care plans.
- Some people needed different support during personal care in the mornings for example. This was recorded so that staff knew how best to meet the person's need.
- Care plans were reviewed regularly with the person, this was recorded, and the person received a copy of the care plan if they wished. People told us they had recently had a review and the records supported this.
- People could take part in activities they enjoyed, staff supported people to take part if they needed to.
- During the inspection, people took part in an art session followed by a chair exercise session in the afternoon.
- People told us they could organise their time how they wanted, and staff supported them to go out when they wanted to.
- The registered manager understood the Accessible Information Standard and told us that any communication support needed was explored at the assessment stage. If people required a BSL (British Sign Language) or a foreign language interpreter for example, then this would be supplied. Staff did use picture card prompts to help people make choices about their care and treatment. Information was also available in large print if requested.

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they knew how to complain.
- There had been no formal complaints in the past year. When people raised a concern, it was dealt with immediately by the registered manager.
- One person told us, "What is there to complain about? It is lovely here and the staff are fabulous."

End of life care and support:

- People were asked about their end of life wishes and when people were happy to discuss this was recorded.
- Staff supported people at the end of their lives and if people wished to stay at the service, then relatives and friends were offered a room to stay to help support the person and their family.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider said they checked if staff followed the values held by the provider by discussing them in supervision meetings. Staff told us, "We support people in a way we know is right. We get regular unannounced checks by management to make sure we are doing what we should. It could be early morning or at night."
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People said the service was well led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led by an experienced registered manager and a supporting management team. The registered manager described how they were developing staff to ensure succession planning within the service. Staff were clear about their responsibilities and the leadership structure.
- On relative told us, "The manager here is very approachable and extremely caring. She runs a good ship here!"
- A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- It is a legal requirement that a registered provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and the service.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Arrangements had been made for staff to learn, innovate and ensure its sustainability. The service had a robust quality assurance system in place to ensure they continuously made improvements to the service. The provider is also looking to develop their management training to strengthen the links with national care providers so that they can share knowledge and best practice with each other. They obtained regular feedback about the care from people, relatives and other stakeholders through informal discussions, regular meetings and annual surveys. One person told us, "We had a meeting not so long ago for people to ask the manager things."

Working in partnership with others

- Staff worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community. Staff invited local primary schools and a local nursery to many of their activities. During the inspection, an Easter activity was being set up in the grounds of the service where young children and people from the local community were to be invited. One person commented, "I love it when people bring their children."