

Ms Vinette Campbell

Petersfield Care Home

Inspection report

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Handsworth
Birmingham
West Midlands
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Tel: 01215151654

Date of inspection visit:
09 March 2016

Date of publication:
18 April 2016

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

Our inspection was unannounced and took place on 09 March 2016. The inspection was carried out by one inspector. At our last planned inspection on 14 April 2014 the provider was meeting all of the regulations that we assessed.

Petersfield is a care home which is registered to accommodate and deliver care to a maximum of five people. The home specialises in the care of people with a learning disability. At the time of our inspection four people lived at the home.

There was a registered manager in post and they were present during our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People and their relatives told us they felt safe and that staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

People were supported by staff that were kind, caring and respectful and knew them well. People were encouraged to pursue their interest and hobbies so that they did the things that they liked.

Staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely in the home and whilst outside of the home. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to attend health care appointments when they needed to and received healthcare that supported them to maintain their wellbeing.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating

Staff felt that they had received adequate training to ensure that they had the skills and knowledge they needed to provide safe and appropriate support to the people who lived at the home.

Arrangements were in place to monitor the service and ensure that people received a caring and personalised service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe because they received support from staff who understood the risks relating to people's care and supported people safely.

Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate training to help them carry out their role.

People were supported to access a variety of healthcare services to maintain their health and wellbeing.

People's human rights were protected because staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home.

People were treated with dignity and respect and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in decisions about their

lives and how they wanted to be supported.

People were given support to access interests and hobbies that met their preferences.

People and their relatives told us they knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

People benefitted from an open and inclusive atmosphere in the home.

The home was well led by a manager that was visible in the home and knew people well.

Systems were in place to assess and monitor the quality of the service provided to people.

Petersfield Care Home

Detailed findings

Background to this inspection

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

The inspection was unannounced and took place on 09 March 2016. It was carried out by one inspector. We observed the care and support provided to people who lived at the service. Some people had limited verbal communication and were unable to tell us in any detail about the service they received.

During the inspection we met and spoke with all four people living at the home. Some people's needs meant they were unable to verbally tell us how they found living at their home so we observed how staff supported people throughout our inspection. We spoke with the acting manager, a consultant who had been supporting the home with their development plans and two members of staff. We spoke with a relative and two health and social care professionals by telephone.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service. Notifications are information the provider has to send us by law. We looked at information received from the local authority commissioners of adult social care services. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a good quality service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe with the staff. Throughout the inspection we saw people looked relaxed and comfortable around staff and sought staff out to be in their company. One person told us, "Yes I feel safe". Another person smiled and put their thumb up when we asked them if they felt safe living at their home.

Staff told us that they understood their responsibility to keep people safe and had received training in protecting people from abuse. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto the manager and also knew how to escalate concerns to external agencies should they feel it was necessary. A staff member told us that the training they had completed included not only what to do if abuse occurred, what could cause abuse and how to prevent it happening. There were procedures in place about protecting people from the risk of harm for staff to refer to. Discussion with the manager during our inspection confirmed that they understood their responsibility to report any concerns to the appropriate authority.

Staff knew the risks associated with people's care and how to manage the risks. For example, staff knew how to support people with their mobility to minimise any risks to their safety. Staff knew how to support people who may become upset or agitated and how to minimise the risk of this happening. Care records we looked at showed that the risks to people had been assessed and plans were in place to manage this risk.

We saw that staff were available to respond to people's request for care when they needed it. On the day of our inspection there was two staff and the manager on duty. Staff told us that they had enough time to sit and talk to people and support people to do activities at home and in the community. Our observations during the inspection confirmed that there was enough staff to keep people safe. Records looked at confirmed that there were sufficient staff on duty so that people could participate in in house activities and trips out in the community. The manager told us that staffing levels were adjusted according to people's care needs and occupancy levels.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on call to support and advice in an emergency. We saw and staff told us that equipment used for people's care was serviced and the environment was maintained to ensure people's safety.

Staff told us that all the required recruitment checks required by law were undertaken before they started working. Staff records we looked at confirmed that all required checks had been undertaken. This included Disclosure and Barring Service checks (DBS), these are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

We looked at the systems in place for managing medicines in the home and found that there were

appropriate arrangements for the safe handling of medicines. People's medicines were stored safely. Staff told us that they had received training in safe medicine management. We saw that administration records detailing when people had received their medicines had been completed by staff to confirm people had received their medicine as prescribed. There were safe procedures in place for staff to follow. We observed staff following these procedure so people received their medicines safely.

Is the service effective?

Our findings

One of the people told us, "The staff are wonderful. I am very happy living here". Staff told us that they had one to one meetings with the manager and felt that they were always able to access support if needed. We saw that staff had the right skills and knowledge to support people in the way that they wanted. Staff told us that they had completed a range of training relevant to their role. We saw that the provider had a record of the training they provided to staff.

There was a small staff team and there was a low turnover of staff providing continuity of care for people. A staff member told us that they had completed an induction programme and 'shadowed' an experienced member of staff on shifts as part of their induction. The manager told us that she was aware of the Care Certificate and any new staff member would be supported to do the Care Certificate. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Staff told us that they had regular refresher training to keep their skills up to date and had regular supervision with the manager to discuss their performance and learning and development needs.

The manager and staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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 are unable to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty, when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood issues around people's capacity to make certain decisions. Staff told us that they always asked for people's consent to care and we observed staffing do this at the time of our inspection. A staff member told us, "Everything we do we ask people's consent first. We would say to a person, would you like a shower, would you like us to help you. We ask people's consent for everything we do. We are here to support people to make their own decision whenever they can". Where decisions had been made on people's behalf the manager told us that meetings had been held to make sure decisions were made in the person's best interest. For example meetings had taken place where important decisions about people's health care needed to be made. The manager told us that at the time of our inspection that no one had needed to have restrictions in place that required a DoLS application to be made.

People told us that they went to the doctors when they needed to. During our inspection we saw that some people needed GP's appointments and these were made in consultation with people. Staff told us that people were supported to access a variety of health and social care professionals. For example, GP, district nurse, dentist and chiropodist. Records showed people were supported to attend health appointments and

the outcomes of healthcare appointments were recorded so health care needs could be monitored.

People told us that they liked the food that was provided. People had drinks throughout the day and a variety of snacks were available including fresh fruit. We saw that the meal time was a relaxed sociable time. People were offered a choice of what they wanted to eat. One person who wasn't feeling very well requested specific food items and this was prepared for the person in the way that they had requested it. The home had a menu planning system and pictures and photographs were used to support people to choose what they wanted to eat.

Is the service caring?

Our findings

People told us that they liked the staff. We observed that all staff were caring to people who lived at the home. There was a happy, calm and relaxed atmosphere throughout our visit. The interactions between staff and people were sociable and friendly. People looked happy and comfortable with staff and with the people they shared their home with.

Three people showed us their bedrooms and that they were very proud of all their personal items and their own private space. Bedrooms we viewed were decorated differently and reflected people's individual needs and preferences and contained a range of personal items.

People told us that they were supported to make choices and decisions about their care and how it was delivered. Choices included how they spend their day, where they went and what time they went to bed. We saw during our visit that one person liked to spend time in their own bedroom; they were supported to do this. We saw that meetings were held. Staff were able to describe how they listened to people's preferences and acted upon these.

People received care from staff who knew and understood their likes, dislikes and personal support needs. People were able to spend their time as they chose. We observed staff working consistently in a respectful way with people. Staff demonstrated that they had come to know the needs of the people well and valued the people they were working with. For example, staff understood people's communication skills and communicated effectively with people who had limited verbal communication.

Staff had a good understanding of the importance of respecting people's privacy and dignity and supported people to maintain their independence by doing things for themselves. People were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. One person told us, "Yes the staff do knock my bedroom door". We saw that staff were respectful towards people they supported. For example, staff respected people's views and opinions and asked for permission to go into people's bedrooms. We saw that record relating to people's care were stored securely. This ensured that people's confidentiality was protected.

People were dressed in their own individual styles of clothing that reflected their age, gender and personality. Staff told us that people were supported to maintain contact with family members.

Is the service responsive?

Our findings

A relative told us that they had been consulted about their family members care needs. Staff knew people well, what they liked to do and the things that were important to them. Staff were able to give detailed explanations about people's needs as well as their life history, their likes and dislikes and preferred routines. The manager told us that it was a small staff team that worked very closely with people and knew people's needs well. We saw that the manager was fully involved in supporting and caring for people on a daily basis. The manager told us that they worked closely with social and healthcare professionals to ensure people received the support they needed and to respond to people's changing healthcare needs. Health and Social Care professionals that we spoke with told us that people were well cared for.

People were supported to pursue their individual hobbies and interests. One person told us that they had been out at a day centre and that they liked going. They told us that they enjoyed shopping, knitting and meals out. People told us and records confirmed that they were supported to take part in activities at home and in the local community. We saw that there were pictures displayed on walls in the home of people involved in leisure activities for example day trips and holidays abroad. There was a range of in house activities for people to take part in. We saw that people engaged in activities of their own choosing. This included colouring, table top games and watching DVD's. One person told us that they were interested in trains and trams and we saw that they enjoyed looking at books related to their interest.

People were supported to stay in touch with family and people important to them. A relative told us that they were kept informed of any changes in their family member's wellbeing.

We looked at two people's care records. We saw that these contained up to date and detailed information for staff to provide appropriate levels of care and support to people. Care records were individualised and informed staff about what people liked and how people wanted their support delivered. Care records included how staff should involve people in decisions about their care for example, choosing what activities they wanted to do and encouraging people's independence. The records provided guidance for staff to follow so that they communicated with people in the most effective way. For example, for one person staff were advised to start a sentence using the person's name. We observed that staff followed this guidance.

We saw people had a monthly meeting to discuss menus, activities and any concerns people may have. There was information in easy read pictorial format to support people who had difficulty reading to make a complaint. One person told us, "If I wasn't happy I would speak to staff". Staff knew people well and said they would be able to identify changes in moods or behaviours that could indicate people were unhappy about something. The provider had procedures in place to support people to make complaints. There had been no complaints since our last visit to the service. However, the provider had a process and procedure by which they could identify, capture and take action on complaints if needed.

Is the service well-led?

Our findings

People who could tell us told us they were happy with the care they received. We saw that people were confident and comfortable approaching staff and the manager. A relative told us that their family member was well cared for. A social care professional and healthcare professional told us that people were well cared for and they had no concerns about the home.

We were told by the acting manager at the time of the inspection that the registered provider who was also the registered manager of the service would be resigning from the manager's position. A new manager had been appointed and had just started the process of registering with CQC and was planning to take up the manager's position in April 2016.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff were enthusiastic about their role and the quality of the service provided. Staff told us they had regular supervisions to discuss their performance and training needs. All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. Staff told us that they felt supported and they were confident that they could approach the manager and that they would be listened to. Staff were clear about their role and what was expected of them. There were regular staff meetings and staff told us that they could contribute their ideas at these meetings. A staff member told us, "I really enjoy working here" Another staff member told us, "I feel I have learnt a lot working here. We can speak out. It is an open home and if we make mistakes then we learn from these".

We saw that procedures were in place to seek the views of people that used the service. This included meetings with people that used the service and questionnaires completed by visitors to the home including healthcare professionals. There was a system of internal audits and checks completed within the home by the manager. For example, regular checks of medicines management, care plans, fire safety and safety checks on equipment took place. We saw that action plans were in place where audits had identified that improvements were needed. For example, an audit of staff supervision identified that records of supervision meetings needed to be more detailed and annual performance reviews needed to take place. The manager told us that plans were in place to ensure these improvements were made. A risk assessment of the environment had identified that a hand rail needed to be fitted at the bottom of the stairs to assist people with safe mobility and a bathroom chair had been replaced. This showed that the provider had systems in place to ensure that various aspects of the service were monitored and improvements were made so people received care that was safe and effective.

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