

Chilworth Care Ltd

Peel House Nursing Home

Inspection report

Woodcote Lane
Fareham
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We previously inspected Peel House on 27 and 28 July 2017. We found four breaches of the Health and Social Care Act 2008 and one breach of the Care Quality commission Regulations 2009. At this inspection we found improvements had been made, however the provider still needs to improve specific areas which we identified during our last inspection.

The provider had failed to fully implement best practice guidance in creating a dementia friendly home.

The provider did not consistently apply effective quality assurance monitoring systems to drive improvement in reasonable time.

The provider had appropriate arrangements in place to safeguard people from potential abuse.

The registered manager had robust recruitment systems in place.

Arrangements were in place to protect people from the risk of infection.

Staff had received relevant training and on-going support and development.

Staff understood the requirements of the Mental Capacity Act 2005 and documentation demonstrated peoples' choices were respected.

People were treated with dignity and respect.

Staff engaged with people in a supportive and patient manner.

Care records reflected peoples' choices.

People were supported to participate in meaningful activities.

The provider had an effective complaints procedure.

Risks to peoples' welfare were assessed and managed appropriately.

The provider had effective policies and procedures in place for notifying the relevant organisations about safeguarding issues.

The registered manager had created an open culture in the home which allowed people to comment about the quality of care they received.

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.

The provider had sufficient numbers of staff deployed to meet peoples' needs.

The provider had appropriate arrangements in place to safeguard people from potential abuse.

The registered manager had robust recruitment systems in place.

Safe arrangements were in place to protect people from the risk of infection.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had failed to fully implement best practice guidance in creating a dementia friendly home.

Staff had received relevant training and on-going support and development.

Staff understood the requirements of the Mental Capacity Act 2005 and documentation demonstrated peoples' choices were respected.

Is the service caring?

Good ●

The service remains caring.

People were treated with dignity and respect.

Staff engaged with people in a supportive and patient manner.

Care records reflected peoples' choices.

Is the service responsive?

Good ●

The service remains responsive.

People were supported to participate in meaningful activities.

The provider had an effective complaints procedure.

Risks to peoples' welfare were assessed and managed appropriately.

Is the service well-led?

The service was not always well led.

The provider did not consistently apply effective quality assurance monitoring systems to drive improvement in reasonable time.

The provider had effective policies and procedures in place for notifying the relevant organisations about safeguarding issues.

The registered manager had created an open culture in the home which allowed people to comment about the quality of care they received.

Requires Improvement 

Peel House Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 November 2017 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people were not able to verbally communicate their views to us or answer our direct questions due to their complex needs.

During our visit we spoke with the registered manager, the provider, the administrator, four nurses, the activities coordinator, two domestic staff, six care workers, four people and four relatives. We also spoke with two healthcare professionals and reviewed healthcare professional feedback about the home.

We looked at staff duty rosters, six staff recruitment files, feedback questionnaires from relatives, healthcare professionals and people using the service. We looked at quality assurance audits, care plans, risk assessments, complaints records and checked the processes the provider had in place for safeguarding people from possible abuse.

We last inspected the home on the 27 and 28 of July 2016 where we found four breaches of the Health and Social Care Act 2008 and one breach of the Care Quality Commissions Regulations 2009.

Is the service safe?

Our findings

People and healthcare professional's commented positively about safety in the home. One healthcare professional commented, "The home is good when it comes to safety, they make sure (person) has everything they need". One person said, "I like it here, they come and see me when I am upset and make me feel better"

We received information of concern telling us the provider did not have robust recruitment arrangements in place when assessing the suitability of agency staff. The registered manager said, "We get sent a profile of the agency staff and then we decide if we want to use them or not. It's hard to get nursing staff here but we are doing everything we can". Records showed the provider had carried out the relevant safety checks when assessing the suitability of agency staff. For permanent staff, we found safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. When qualified nurses were recruited the provider carried out checks with the Nursing and Midwifery Council (NMC) to ensure they were properly registered or that there were no restrictions on their practice that would affect their ability to be employed. We saw the provider monitored the renewal of qualified nurses' registration.

During our previous inspection we found a lack of effective systems in place for the management of infection control to ensure the safety and welfare of people. At this inspection we found improvements had been made. For example, some people required assisting with moving and handling which involved the use of hoisting equipment. When these hoists were used, people required 'slings' which were fitted to the hoist to keep the person safe. It is important that people are assessed to ensure they have the correct size and style of sling. This ensures they are safe and comfortable when being moved. These slings can also pose an infection control risk if shared between people. People had their own identified sling which had been assessed as being the safest most comfortable one for them. Staff assured us they were used only by them and we saw they were not kept in a communal store.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Those we spoke with had a good understanding of how to prevent infection and control its spread. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs. Weekly and monthly infection control audits demonstrated the provider and the registered manager had effective systems in place to identify and rectify any maintenance or infection control issues.

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They told us they would report any concerns they had about a person's safety or welfare to the nurse in charge or the registered manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. Staff completed safeguarding training as part of the induction and on-going training programme. Staff knew about 'whistle blowing' to alert management to poor practice.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Medicines were administered by qualified nurses who received regular update training on administering medicines. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them, mainly for pain relief. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. During our inspection we saw several examples of people either requesting or being asked if they required pain relief medicines. On each occasion these were promptly provided when required by people. There had been not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Personal emergency evacuation plans had been prepared for each person. These set out the level of support the person would need if the building needed evacuation. A schedule of regular checks of the safety of the environment and equipment was in place and these were carried out. These included fire safety checks, hot and cold water system checks and an assessment of any maintenance required. Records of any accidents and incidents were completed and kept. These analysed what had happened before, during and after the incident or accident. Preventative measures to be taken to reduce the risk of reoccurrence were then identified. We saw the registered manager regularly reviewed these to identify any themes or trends.

Is the service effective?

Our findings

Healthcare professionals and staff told us Peel House was still in need of decoration and improvement. One healthcare professional said, "The care is pretty good here but the place needs to look better, it's too clinical looking still". A member of staff said, "We have put some pictures up and the owner has been to a couple of dementia conferences but it needs to get better".

During our last visit we found the home to be in a poor state of decoration and design, and not able to meet the needs of people who were living with dementia. At this inspection we found some improvements had been made. However, further maintenance and redecoration was still required to create a more homely and dementia friendly environment. Actions plans and best practice guidance for people living with dementia had not been fully implemented. We fed this back to the provider and the registered manager who told us it was their intention to continue developing the home's environment. The provider was in the process of adding art work in hallways for people to interact with. The provider was also in the process of painting walls different colours and adding signage to help people navigate around the home independently. The provider said, "We don't have a purpose built home so there are times when doors get scratched and we try to keep on top of it but I think there will always be something".

During our previous inspection we identified not all staff had received their annual mandatory training updates to enable them to carry out their roles effectively. At this inspection we found improvements had been made. For example, all staff received core training which included; first aid, infection control, fire safety, food hygiene, moving and handling, equality and diversity, safeguarding and mental capacity. Staff told us the training they received had been effective in assisting them to meet people's needs. They told us they had received refresher training in areas of safeguarding, person centred care and nutrition. Nursing staff had received competency checks in how to assist people who needed a syringe driver, catheter care, pressure ulcer prevention and end of life care. One member of staff said, "The manager is really good, I have had lots of training and refresher courses". Records identified when staff had received training in specific areas and when they were next due to receive an update.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision and records reflected this. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used the Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any

made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

During our last inspection staff demonstrated a lack of knowledge in understanding the principles of the Mental Capacity Act 2005 and how to apply this in everyday practice. We found Deprivation of Liberty Safeguards (DoLS) applications had been made, but there was a lack of robust management systems regarding the process of ensuring records were up-to-date. At this inspection we found improvements had been made. Staff were knowledgeable about the requirements of the MCA and had received training on DoLS. Care plans contained assessments of peoples' capacity to make specific decisions relating to all aspects of their care. The registered manager had a document which contained a record of people who were subject to DoLS, when the safeguards were due to expire and a list of people who were awaiting assessment from the local authority.

Care records showed relevant health and social care professionals were involved with peoples' care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. Staff ensured people's health needs were identified, appointments made appropriately with them and any advice given was followed. People confirmed they were assisted by staff to see their GP and other healthcare professionals when they needed or wanted to.

Is the service caring?

Our findings

People and relatives were complementary about the care provided. One person said, "I am happy here, I have everything I need". A relative said, "Thanks so much for everything you (staff) have done, I know (person) isn't easy to look after and I think you're doing a grand job".

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. For example, at lunchtime we saw staff encouraging people to eat independently but offering assistance as and when required. With people who required more assistance we saw staff assisting them with lunch, help was offered and provided at a level and pace relevant to the person's level of need. When providing help staff spoke with people and engaged them in general conversation. It was also clear that during mealtimes staff took care to ensure there was an atmosphere conducive to dining. For instance, televisions were switched off and background radio music was played.

Peoples' care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff understood their role in ensuring people's equality and diversity needs were met and care records reflected peoples' choices such as food preferences and religious aspects of their care needs. Staff had received training on equality and diversity. Staff supported people to maintain relationships with family and friends.

Peoples' care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families. We were told there were no visiting restrictions in place at the service. One person's relative told us they were always welcomed when they visited. Another relative told us they were encouraged to take an active role in their family member's care. We observed staff greeting relatives in a way that showed they knew them well and had developed positive relationships. We saw relatives and friends visiting at various times during the day.

People were treated with dignity and respect. Staff knocked on peoples' doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure peoples' privacy and dignity was maintained. This included keeping peoples' doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout. Staff spoke about people in a positive manner.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

Is the service responsive?

Our findings

Healthcare professionals were complimentary about the care people received. One professional said, "I don't have any issues, they seem to be pretty much on top of things here".

During our last inspection we found people's independence, privacy and dignity was not always respected. Care workers did not always engage or converse with people living at the home, preventing them from building a rapport with people. During this inspection we found improvements had been made. We observed staff interacted with people in a person centred manner and promoted dignity at all times. For example, during meal times staff consistently demonstrated patience, encouragement, and promoted independence. Staff spoke with people calmly, smiled and laughed with them. Relatives told us staff were supportive of peoples' dignity and said they were satisfied with the interactions they observed during their visits to the home.

During our last inspection we found there were few meaningful activities available for people to participate in. At this inspection we found improvements had been made. A well-designed display board outlined all the forthcoming activities and we saw staff used this as a talking point when walking past with people. We saw a range of internal and external activities on offer catering for all interests and tastes. The service promoted the use of holistic therapies to encourage relaxation and wellbeing. These therapies enabled people to talk in a non-pressured, person-centred manner with staff who did not directly support with care. We observed people participating in games, listening to music and having one to one conversations with staff. The activities coordinator was extremely passionate about their role and was seen engaging with people in a very upbeat and positive manner.

Care records were detailed, person-centred and provided a holistic assessment of a person's needs. They focussed on what people could do for themselves as well as where support was needed from staff. Where people's primary need affected different aspects of care, this was threaded through the care plans showing how it may impact on each part of the person's support. We found care plans were up to date and showed evidence of regular review and evaluation. Daily records were equally detailed and well completed, and included any care interventions provided and the mood and response of the person. These were complemented by the detailed handover notes which identified any changes and provided a summary of each person's needs for staff at the start of each shift.

There were comprehensive individual risk assessments in place. Individual risk assessments had been completed for each person in respect of mobility, the likelihood of developing pressure ulcers, falls, malnutrition and dehydration. Where people needed to be assisted to move from one place to another, a safe system of work had been devised. This set out the equipment to be used and the number of staff needed to complete the task. Risk assessments were completed where bed rails were in use to ensure these did not pose an increased risk to the person. Where it had been determined that a person was at risk of choking, a management plan was in place, healthcare professionals were consulted with and the catering staff were informed. The risk assessments and management plans in place contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Staff had a good working

knowledge of risk assessments and measures to be taken to keep people safe. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, an incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. The records relating to the person showed many healthcare professionals were involved in reviewing their care. These included an advocate, a community psychiatric nurse and a behavioural psychologist.

The provider had a complaints policy and procedure so that people knew how to raise any complaints they might have about the service. Most people said that they had not complained because they were happy with how their care was managed. One person said, "I would tell her (manager) if I had a complaint." Any complaints received had been appropriately investigated and resolved in a timely way.

Is the service well-led?

Our findings

Staff and people spoke positively about the manager and the provider. One member of staff said, "She (manager) is brilliant, if I have ever needed anything she has always been there for support, even if it's been in the early hours of the morning and she's not even working".

Whilst we identified areas of progress since our previous visit, we found improvements were still required. Staffing levels were not always consistent and governance systems were not always effective in driving improvement in areas of redecoration and the implementation of dementia best practice.

At our last inspection the provider failed to notify us about particular incidents and safeguarding issues. At this inspection improvements had been made. The registered manager knew when notification forms had to be submitted to CQC. CQC had received appropriate notifications from the service during the 12 months before this inspection. The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff. At the end of our inspection feedback was given to the registered manager and the provider. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.

The registered manager carried out a range of audits to ensure that the service provided people with safe care. These included risk areas such as checking bed rails, pressure care, infection control, falls, medicines, accidents and health and safety. Where shortfalls were identified, an analysis was carried out, with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings. For example, audits recognised the requirement for additional staff.

The registered manager told us they felt supported by the provider. The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staff structure ensured that staff knew who they were accountable to.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the home were responsive to people's needs and ensured they made referrals to outside agencies appropriately. They felt the management team worked in a joined up way with external agencies in order to ensure that people's needs were met.

