

Robert Stephen

Purbeck House Care Home

Inspection report

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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:

Purbeck house care home is registered to provide accommodation and personal care services for up to 15 older people and people who may be living with dementia. At the time of our inspection there were 12 people living at the home.

Experience of using this service:

People felt safe from harm and abuse, people's safety had been considered and risks were managed by staff who knew people well.

Staff had received training in relation to safeguarding and knew how to protect people from harm.

People felt they were listened to and cared for by staff who had training to support them.

Improvements had been made to infection control procedures since our last inspection.

Care plans had been updated to reflect the care needs of people living at the home.

Risk assessments had been completed for identified risks associated with people's needs and the environment.

The registered manager had notified CQC of incidents that occurred in the home.

Guidance was in place for staff to follow where people were prescribed medicines on an 'as required' basis.

There were sufficient staff on duty to meet people needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Information was displayed in the communal areas of the home that gave a structure to people day for example planned activities.

The home had improved on the range of meaningful activities provided to people. Complaints were managed in line with the providers policy.

People had confidence in the manager to respond to complaints and take the necessary action, the homes complaints policy was displayed in the front entrance.

Quality systems were being used to monitor the quality of care in the home.

Improvements had been made to the environment and furnishings of the home.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required; the service met the characteristics of Good in all areas.

More information is in the full report

Rating at last inspection:

At our last inspection, we rated the service Requires Improvement (report published 30th April 2018)

At this inspection, we found the evidence to support the rating of good overall.

Why we inspected:

This was a planned comprehensive inspection based on previous rating.

At the last inspection the home was in breach of Regulation 12 Safe care and treatment. The provider was required to send us an action plan telling us the action they would take to address this concern. We followed up on this during this inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 ●

The 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 effective findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our effective findings below.

Purbeck House Care Home

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:

This inspection was carried out by one inspector.

Service and service type:

Purbeck house is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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:

This was an unannounced comprehensive inspection carried out on 28 May 2019.

What we did:

Before the inspection we ask the provider to complete the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the provider to submit a summary of achievements and improvements made since the last inspection, this was provided to us on the day of the inspection by the provider. We reviewed information that we held about the home such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies, this included commissioners who has a contract in place with the registered provider.

During our inspection visit we spoke with four people who lived at the home and observed how staff interacted with and communicated with people. We also spoke with three staff members, the registered

manager, the provider and five relatives. In addition, we looked at specific parts of records for four people and records in relation to the management of the service. These included quality assurance checks, staff training, four staff recruitment files, safeguarding, complaints and accidents and incident information. Some people who lived at the home were unable to talk with us about the care they received. We used the Short Observational framework for inspection (SOFI). SOFI is a way of observing care to understand the experience of people who could not talk with us. We observed care and support being delivered by staff and their interactions with people in communal areas of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in February 2018 we rated the service under this key question as, 'Requires improvement' as the systems in place had not identified the areas of concern highlighted by our inspection. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good.'

Preventing and controlling infection

- At the last inspection in February 2018, we found sufficient infection control procedures were not in place and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and found this had been done at this inspection and was no longer a breach of regulation.
- At this inspection people benefitted from living in a clean and healthy environment because the risk of infection had been reduced.
- Areas of the home had been improved to prevent the risk of infection. This included new flooring to some people bedrooms. Areas of the home had been decorated and armchairs replaced throughout the home; commodes and toilet seats had been replaced and were clean; Weekly cleaning schedules were in place.
- Staff followed good infection control prevention and control practices; they used personal protective equipment to help prevent the spread of infections. There was a system in place that followed infection control guidelines for example, staff used a colour coded system when cleaning meaning equipment was used to clean specific areas. Staff were aware of what measures to take to ensure people and the environment were infection free.
- There was an up to date infection control policy in place, which was understood by staff.
- Staff had received infection control training.
- Audits were in place to ensure cleanliness and hygiene standards were maintained daily.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse because staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- Staff had received training in safeguarding people from abuse, Staff we spoke to were able to tell us how they would recognise abuse.
- The provider had robust policy and procedures in place that staff understood and followed. A member of staff told us that the policies were kept in the office and staff had access to them.
- A friend of a person living at the home said, "I feel reassured that my friend is safe in the home, there is always someone about when I visit, and I have seen how staff treat people and listen to them, they are really gentle with people and so patient."
- The registered manager knew to liaise with the local authority if necessary. Any incidents had been

recorded and notifications sent to CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed. Care records described any potential risks to people's safety for example, falls risks or people at risk of choking.
- The registered manager carried out a comprehensive pre-assessment on people coming to live at the home. The manager explained "recently we were asked to assess a person with eye sight problems, I had to refuse admission as our risk assessment of the environment shows several steps in the home and I did not feel it would be suitable for the client." This showed that the registered manager considered the environment, to ensure it was safe for people.
- Equipment such as a hoist were serviced and checked regularly; this helped to ensure they were safe for people to use. The registered manager told us that they did not need to use the hoist at the moment as no one required it. This was evidenced through observations carried out throughout the day and confirmed in the care plans viewed
- A member of staff said, "we have a hoist in the home to use if people are unwell and need assistance getting out of bed and if someone falls we use the hoist to assist them getting up".
- Should people require evacuating in case of a fire the provider had assessed the risks to ensure they could leave the building safely. Each person had an evacuation plan in place should it be necessary.

Staffing and recruitment.

- The provider had a safe system in place which meant people were cared for by staff who had been recruited safely and suitable to work with vulnerable people. For example, application forms were completed, two references received from last employer, Disclosure and Barring Service checks (DBS) were completed. DBS checks help providers reduce the risk of employing unsuitable staff.
- People received care in a timely way; there were enough staff available to meet people's needs. In addition the registered manager told us that the provider was always available and this was confirmed by staff who told us that the provider visited regularly and was in touch with the registered manager.

Using medicines safely

- The provider had comprehensive medicine policy and procedures in place in line with best practice that had recently been updated.
- Medicines were stored in a medicine trolley that was secured in a designated locked cupboard; a medication fridge was available for medicines that required storage at set temperatures.
- Staff had received training in safe handling of medicines; there was evidence that staff had received competency checks for medicines and this was seen in staff files.
- People received medicines that were prescribed to them on time. Medicines charts were complete and accurate, we observed staff dispensing medicines and supporting people to take their medicines, this demonstrated people were given medicines safely by staff who followed best practise guidelines.
- The registered manager had added information on the medicines record which helped staff to understand what the medicine was used for. During the medicine round we heard a person ask staff questions.
- We heard a person asking when the doctor was visiting as they were waiting to have their medicines reviewed, staff told the person it had been arranged and the doctor would visit. We saw evidence of this in the person care plan recorded as a visit request.
- The registered manager carried out a monthly medication audit, Actions from the audit were followed up and recorded. The registered manager told us that if they identified any minor recording issues they had a one to one discussion with staff; this was evidenced in staff files seen.
- Where people had medicines prescribed "as required", there was an individual protocol containing

specific instructions for each person.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence.
- The registered manager reviewed and analysed information around incidents, to identify any trends and put actions into place to minimise future risks when required.

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

- People's needs were assessed comprehensively before moving into the home.
- People's care needs were regularly reviewed and kept up to date.
- People and their relatives told us they were involved in the planning of their care. One person said, "We go through the Care Plan, every so often." Another person told us, "We discuss any changes. The staff always ask me".
- Records also contained people's choices and preferences such as what they liked and disliked to eat.
- We saw information in relation to people's individual characteristics under the Equality Act were gathered when people moved into the service, such as age, religion and sexual orientation, this information was used to inform care plans.

Staff support: induction, training, skills and experience

- Staff had received training to ensure they had the skills and knowledge to support people effectively and staff told us they had access to a range of training which equipped them for their role.
- New staff undertook a period of shadowing of experienced staff and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support, four staff are currently completing the care certificate.
- Staff were consistently supported through regular supervision, which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff told us they were well supported.
- The provider had a training matrix in place. This showed staff had received training for example, moving and handling; infection control and medication and challenging behaviour, person centred care. All training had been completed. We saw from the matrix that the registered manager had booked refresher training for staff whose training was due to expire.

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

- People were offered drinks throughout the day. If people requested further drinks we observed that staff ensured this was provided.,
- We observed people using two separate dining areas supported by staff, people were given choice where they sat in the dining room.
- There was a menu on display, on the day of inspection the food matched what was served to people. If people did not like what was on the menu the chef told us they would make the person an alternative meal.

- The chef told us that they are informed of any dietary needs every morning or if something changed during the day.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- One person had a detailed eating and drinking support plan that detailed instruction on how to support this person to ensure they received a balanced diet and the effect of diet in relation to their medical condition.
- People told us they enjoyed the food they were given at Purbeck House. One person said, "It's tremendous, all good. I don't like certain things, so they don't give me any".
- We saw people were offered choices about what food they would like to eat both at mealtimes and throughout the day.
- Staff were knowledgeable about people's nutritional needs and any special dietary requirements they may have. We saw when people had dietary needs, such as softened food they were provided with food and drink which met their needs. For example, one person was given food cut up into small pieces and moistened with liquid. We looked at this person's care record and it confirmed staff were following recommended guidance.
- Mealtimes were calm and relaxed, and staff were available to support people if required. People were allowed the time to eat at their own pace and were not rushed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were documented in their care plans and regularly updated.
- The registered manager and staff understood people's healthcare requirements and ensured people got access to healthcare they required. This included input from the GP, dentist and optician.
- People told us they had access to other care professionals when needed. One person said, "I am waiting to see the doctor today". Another person told us they saw professionals 'as and when' it was necessary.
- People had access to healthcare services as required. Healthcare input included, dementia screening, input from occupational therapy regular visits from chiropodists and optician. People had been offered the flu vaccination.
- People were referred to speech and language therapist (SALT) where a risk of choking was identified.
- Throughout the inspection we observed staff responding to people's needs in a timely way and sharing relevant information, so they were kept up to date with people's current needs.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Handovers took place between shifts.

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

- The home had been adapted to suit the needs of people living there, there was a stair lift to the first floor and hand rails in the corridors, some signage was in place assist people to identify bathrooms and toilets.
- There were changes in levels on the ground floor which had been risk assessed and the changes in levels brought to people's attention with notices and colour tape. The registered manager considered the changes in floor level prior to admitting people to the home to ensure that they were not put at undue risk when moving about within the service
- There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, in private if required.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff had received training about the MCA and understood how to apply this legal guidance when they supported people with their decision making.
- When people lacked the capacity to make decisions about their care we saw staff had involved their families and other professionals to ensure any decisions were made in the person's best interest. ; all best interest decisions had been recorded appropriately in the care plans.
- Staff told us they had received training which meant they understood the principles of the MCA and what it meant for people living in Purbeck house. We saw staff sought consent from people before providing any care.
- We saw staff gave people choices about their everyday lives. For example, what they wanted to do and where they wanted to sit.
- The provider had submitted DoLS applications where people had been assessed as lacking capacity and were being deprived of their liberty.
- The provider had a system in place to monitor DoLS applications to ensure the authorisations were still in place and people were not deprived of their liberty unlawfully.

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

- Without exception, everyone told us they were well cared for by staff. One person said, "They comfort me if I don't feel well. They make me feel comfortable". Another person said, "Staff treat me nicely. They have a joke with me. I feel they care about me".
- A relative of a person told us, "We come almost every day and all the staff are extremely nice and very patient".
- A staff member told us, "We all care about the people here. They are like family".
- We saw staff had time to spend with people and because they knew them well were able to speak with them about things that were important or meaningful to them. We saw staff laughing and chatting with people about their families and staff felt comfortable speaking about how they spent their leisure time with people.
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed. Throughout the inspection we heard staff being respectful to people.
- Staff knew how people liked to be addressed and called them by their preferred name.

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

- People who were able told us they were involved in the planning of their care. One person told us about meetings they were invited to attend to ensure their views were listened to.
- People told us, and we saw they had choices about their everyday care needs. For example, we saw people got up when they chose to and stayed in bed all day if they preferred to. One person said, "The staff are very kind. They let me stay in bed when I want to".
- Records we saw demonstrated people and their relatives (if needed) were involved in deciding how they preferred their care and if they wanted to change anything.

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff respected their privacy and dignity. We saw staff knocked on people's doors and allowed time before entering.
- Staff understood the importance of respecting people's dignity.
- We saw staff promoted people's independence in various ways. For example, we saw staff didn't intervene immediately when people were eating. We saw special cutlery and equipment was available for people to help them in maintain their own independence when dining.
- People's personal records were stored securely. Care plans were held in the office which was secured when unattended.
- Most of the bedrooms were single occupancy, however there were three shared rooms where privacy

curtains were provided to give people privacy when carrying out personal care.

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.

At our last inspection in February 2018 we rated the service under this key question as, 'Requires Improvement' as the systems in place had not identified the areas of concern highlighted by our inspection. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good.'

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

- People's care needs were assessed and recorded. They included person centred information about people's preferences. For example, we observed that one person chose to have a rest on their bed each day, this was detailed in the persons care plan.
- People told us they spent their time participating in activities of their choice during their leisure time.
- We saw people were involved in playing various games and joining in group activities throughout the day, which people told us they enjoyed.
- We saw an activity plan in the lounge that informed people about the activities available on each day. Activities included, Art and crafts, cooking, musical instruments.
- One person was knitting in the lounge. Staff told us the person liked knitting but did not have anyone to knit for. Staff found a local vet who used knitted blanket for sick animals, staff supported this person to complete the blankets and send them over to the local vet and in return the vet sent back photographs of the animals using the blankets. This gave the person a sense of achievement and self-worth.
- We spoke with one person who said, "I do not like to join in with the group activities, but the home has bought an iPad which I like to use and there is so much to see."

Improving care quality in response to complaints or concerns

- A system was in place for people and their representative to raise concerns and make complaints.
- People told us they knew how to complain and were confident the registered manager would respond appropriately to any complaints.
- Relatives and people we spoke with consistently told us they had not raised any complaints.
- A log of complaints was kept and there was evidence that complaints had been analysed to determine trends and patterns in the service. This meant that complaints were used to drive improvement in the service.

End of life care and support

- Although no one using the service was at the end of their life, we saw the provider had a system in place which meant when people were at this stage of their life their choices and preferences would be considered.
- Staff had received training in end of life care, they told us they had used the training they received recently when they had a person receiving end of life care.

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.

At our last inspection in February 2018 we rated the service under this key question as, 'Requires Improvement' as the systems in place had not identified the areas of concern highlighted by our inspection. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good'.

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

- People, their relatives and staff told us there had been a great deal of improvement at Purbeck House which had made the service a happier place to live and work.
- People and staff spoke positively about the registered manager. One person said, "She speaks to me. Nice lady. Yes, she listens. They give you updates and listen to any points I want to put forward".
- We received positive comments about why people liked living in Purbeck House. One person said, "Atmosphere, it's light and bright, warm and caring". Another commented, "Staff are very helpful, and it's a nice place to be".
- Staff told us they felt supported by the registered manager and by the provider which had resulted in them being happy at work.
- People, staff, residents and relatives, told us they would and had recommended the service to other friends and family.
- The manager understood their responsibility under the duty of candour, we saw people and family had been written to after an incident had occurred.

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

- The registered manager and provider had worked together effectively to drive improvement in the home since the last inspection. We observed that the provider had a comprehensive plan for environmental improvements in place, on the inspection we saw the first-floor bathrooms were under refurbishment.
- The registered manager understood their responsibilities under the Health and Social Care Act 2008 and associated regulations. They sent us the information they were required to such as notifications of incidents that affected people who used the home.
- The registered manager had an oversight of what was happening in the home. Work had been carried out with the support of the care homes team to provide guidance on care planning and the implementation of a new format care plan.
- Risks were identified and acted on to monitor the safety and quality of the service people received in the home.
- The provider had quality assurance systems in place to monitor and improve the safety and quality of the

service being delivered and the running of the home. These included a range of audits such as care plans, medicine and infection control audits. The provider additionally carried out provider visits to monitor the service. When actions for improvement were identified these were carried out and checked for completion.

- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the nominated individual. Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal.
- The deputy managers had a very good oversight of the service and knew about people's needs and what changes had occurred within the service.
- The system used by the provider had ensured people's needs were assessed and monitored to ensure their records contained up to date information for staff should they require it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us there were meetings they could attend to engage with the staff and management of the service. Meetings were planned to see how people wanted to spend their time and to capture any positive ideas to improve the service.
- We saw when people had made suggestions they were listened to by the provider. For example, posters around the service informed people what changes had been made as a result of their input.
- Staff told us there were regular meetings to keep them up to date with any changes in the home. They felt supported by the manager and they could approach them with any problems or suggestions and they would be listened to.
- People we spoke with who had moved to the service from another service or healthcare provider told us their quality of life had improved as a result.

Continuous learning and improving care

- The provider had an improvement plan for the service, which detailed what plans they had to continuously improve the quality of care people received. Improvements included the development and redecoration of some areas of the home to enhance the comfort of people living in the home.
- Accidents and incidents were recorded and monitored by staff. Action plans were developed by staff to monitor individuals and trends within the service. For example, times of falls were monitored to ensure there were sufficient staff available at all time.

Working in partnership with others

- The home worked in partnership with several agencies to improve the care that people received. This included the local authority and the care homes team.
- We saw the provider had engaged with outside organisations to improve safety within Purbeck house. For example, A fire visit was carried out to get advice about the fire alarm system, this visit resulted in a new fire panel being installed.
- The service had links with external services, such as community groups, commissioners of services, and specialists in mental health care. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support. For example, the provider was working to develop relationships with community organisations to enhance people's access to activities and events.