

Chilworth Care Ltd

Peel House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Peel House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Peel House accommodates up to 52 people in one adapted building. At the time of our inspection 38 people were living at the home.

We carried out an unannounced comprehensive inspection of this service on 1 November 2017. After that inspection we received concerns in relation to the way the directors of Chilworth Care Limited had operated another care home they owned that meant people were not safe. As a result we undertook a focused inspection to assess whether similar concerns were happening at Peel House. This report only covers our findings in relation to the Safe and Well-led sections. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peel House on our website at www.cqc.org.uk

This inspection took place on 22 May 2018 and was unannounced.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

At the last inspection we identified that improvements were needed to the environment to make it more suitable for people living with dementia. At this inspection we found the registered manager and provider had started work to improve the environment. The provider had asked a specialist consultant in dementia care to help them improve their care for people living with dementia. Further work was needed to ensure these changes were implemented by all staff and embedded in daily practice.

At the last inspection we identified that improvements were needed to the governance systems in the service. The Nominated Individual for the provider told us that they had asked consultants to complete their quality monitoring reports for the service. They also said they were in the process of submitting an application to have a different Nominated Individual for Chilworth Care Limited.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Staff respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe living at Peel House. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

There were sufficient staff available to provide safe care. Staff understood the needs of the people they were supporting and had the knowledge and skills to meet their needs.

The registered manager regularly assessed and monitored the quality of care provided. Feedback from people and their relatives was encouraged and used to make improvements to the 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 who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely.

Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse.

Risks people faced were assessed and action taken to manage them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Improvements had been started to the environment to make it more suitable for people living with dementia. Further work was planned to complete these improvements.

The governance systems were being reviewed to ensure there was effective oversight from the directors of Chilworth Care Limited. Further work was needed to ensure these changes were fully implemented.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

We could not improve the rating for well-led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Peel House Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Peel House on 22 May 2018. This inspection was done to check that serious concerns about another care home the directors of Chilworth Care Limited operated were not happening at Peel House. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

This inspection took place on 22 May 2018 and was unannounced.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered manager, seven people who use the service, one visitor to the home and five staff, including a nurse, care assistants and temporary staff. We spent time observing the way staff interacted with people and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

Is the service safe?

Our findings

People said they felt safe living at Peel House. Comments included, "I feel very safe here, there are staff when I need any help" and "I feel safe living here." A relative told us, "People are definitely safe. [Staff] are approachable. I have seen good care going on."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately, if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The provider had taken action to learn from incidents and safeguarding investigations. Incidents had been reported to the local authority safeguarding team and CQC, however, these reports were delayed on two occasions. The responses following these incidents included actions to prevent similar delays happening again and additional training for staff where necessary.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. The risk assessments focused on people's specific needs. For example, one person's assessment emphasized the possibility of bruising and fragile skin due to the use of steroids. This gave staff information on how to manage and minimise these risks and provide people's care safely. Where people displayed behaviour that may challenge, there were appropriate care plans in place. For example, staff were instructed to distract one person and ask them if they would like a cup of tea or get the person to interact with other people they enjoyed talking to. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

Fire equipment and alarms had been serviced and there was a comprehensive fire evacuation plan, setting out the procedures to evacuate the building in case of an emergency. Everyone living in the home had a personal emergency evacuation plan. This set out the support each person would need to evacuate the building safely. Although fire systems had been serviced, there were six gaps in the weekly testing of equipment between December 2017 and February 2018. The tests had been completed on a weekly basis since February 2018. The registered manager said they would ensure the tests continued to take place each week.

The service took appropriate action to reduce potential risks relating to Legionnaires' disease. They regularly flushed all taps and showers including those that were not in regular use to ensure that water was flowing through the system. They also ensured correct water temperatures were maintained to avoid systemic contamination of the system.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Records showed that staff were thoroughly checked before they started providing care to people. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC).

Sufficient staff were available to support people. People told us there were enough staff to provide the care they needed, although four of the seven people we spoke with said they sometimes had to wait longer than they would like at busy times. Although four people gave us this feedback, all of them said they felt safe in the home and that their needs were met. A relative told us, "Staff here have a lovely attitude. I think they have got enough staff." During the inspection we observed staff responding promptly to call bells and people asking for assistance. Staff were not rushed and were able to spend enough time to provide the care that people needed. Staff told us they thought the staffing levels were sufficient to meet people's needs and said sickness was usually covered within the team or by bringing in temporary agency staff.

Medicines were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had declined and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them.

All areas of the home were clean and people told us this was how it was usually kept. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home were clean and smelt fresh.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection.

At the last inspection in November 2017 we identified that improvements were needed to the environment to make it more suitable for people living with dementia. At this inspection we found the registered manager and provider had started work to improve the environment. Signs and memory boxes had been put up to help people find their way round the building. These distinguished people's bedrooms, toilets and bathrooms. Textiles, colours and fabrics had been put on the walls in some areas of the home to give people sensory areas to focus on. The provider had asked a specialist consultant in dementia care to help them improve their care for people living with dementia. The consultants were in the home during the inspection and said they were reviewing all aspects of the service, including the environment and skills of staff in meeting the needs of people living with dementia. Further work was needed to ensure these changes were implemented by all staff and embedded in daily practice.

At the last inspection in November 2017 we identified that improvements were needed to the governance systems in the service. Prior to this inspection we had been informed that the Nominated Individual for Chilworth Care Limited had been subject to an interim conditions of practice order from the Nursing and Midwifery Council (NMC). This meant, amongst other conditions, that the Nominated Individual could not practise as a nurse in a care home and could not practise as a nurse in a managerial or oversight role. The allegations resulting in this interim conditions of practice order were not related to the Nominated Individual's work at Peel House and had not been fully investigated at the time of the inspection.

As a result of the conditions, the Nominated Individual told us they had asked consultants to complete their quality monitoring reports for the service. The Nominated Individual also said they were in the process of submitting an application to have a different Nominated Individual for Chilworth Care Limited. The registered manager and a nurse told us the Nominated Individual was not currently working as a nurse in the service and they did not receive any clinical supervision or guidance from them.

The management team completed reviews of the service, which included observations of staff practice. These were used to ensure staff were putting their training into practice and working in ways that were expected of them.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "It is a good place to work. The manager is very supportive" and "I think she is a good manager. Everything I've spoken to her about, she's acted on straight away. She is very supportive."

There was a system of audits and reviews, which was used to create a development plan for the service. There were systems in place to track incidents and accidents and actions put in place to minimise the risk of them happening again. Where learning points were identified, action was taken to ensure these were

implemented in practice. For example, there was a falls team within the service. The team discussed and analysed falls within the service on a monthly basis which resulted in changes in people's care plans.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following these procedures and ensuring confidential information was not left unattended or unsecured.

People and their relatives were involved in the shaping of the service. There were regular residents' and relatives' meetings organised by the service. Issues raised by people and their relatives were recorded and followed up with appropriate action plans. As a result of these meetings, name badges were issued to staff, a leak in the conservatory room was fixed and the provider was working on re-decoration of the home and improving the driveway.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.