

Shaw Healthcare (North Somerset) Limited Petersfield

Inspection report

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Date of inspection visit:
20 September 2022

Date of publication:
10 October 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Petersfield is a residential care home providing accommodation and personal care to up to 36 people. At the time of our inspection there were 25 people using the service.

People's experience of using this service and what we found

People were being supported with agency staff due to the service having a number of support worker vacancies. The registered manager confirmed staffing levels were monitored and they adapted these to people's individual needs. Some people told us they had experienced staff speaking to them briskly although all were happy with the care and support they were receiving at the time of our inspection.

The provider had quality assurance systems in place that identified issues relating to the recording of topical creams. The nominated individual following our inspection confirmed they were in the process of implementing a new system following a pilot they had undertaken elsewhere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported by the registered manager and that it was a nice place to work. Staff had recruitment checks completed prior to working in the service. The registered manager monitored incidents and accidents and records confirmed actions taken. Referrals and discussions were held with health and social care professionals when required.

Communal areas such as bedrooms, bathrooms, corridors and the dining area were clean and tidy during our inspection. However, we found the two staircases which were predominantly used by staff to be dusty and dirty.

People's care plans contained important information relating to their individual support needs although two people required a risk assessment. The registered manager took action to address this following our inspection.

People felt safe and staff had a good understanding of abuse and who to raise concerns with. During our inspection, we observed staff and the registered manager take time to speak to people asking them how they were.

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

Rating at last inspection

The last rating for this service is Good (published 8 August 2019). The service remains rated as Good.

Why we inspected

We undertook this focussed inspection to look at the safe and well-led key questions due to concerns we had received.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Petersfield

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Petersfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Petersfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the location on the 20 September 2022.

What we did before the inspection

We used the information we had received about the service prior to our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, one team leader, one agency member of staff and one support member of staff. We reviewed a range of records including, three care plans, two staff files in relation to safe recruitment and one member of staff's file in relation to their induction. We also reviewed a range of policies and procedures, staff meetings, incidents and accidents reports, audits and action plans and medicines administration charts.

Following the inspection we contacted eight relatives and managed to gain views from three. We emailed two health and social care professionals however no feedback was received.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were systems in place for recording people's medicines. Body maps showed staff where to apply people's creams and ointments. Although not all creams and ointments recorded if the person had been administered their medicines as required. The provider's medicines audit had identified this shortfall. It was also an area identified for improvement on the provider's action plan. The nominated individual confirmed following our inspection they were in the process of undertaking a pilot and once completed they would be rolling out those recommendations into the service. This meant the provider was aware of the improvements required to the recording of topical creams.
- People were supported by staff who had received training in the safe administration of medicines. Yearly competency checks were completed on staff to ensure they were safe to administer medicines.
- Medicines were stored safely and securely.

Staffing and recruitment

- People were at times being supported by agency staff. The registered manager confirmed at the time of our inspection they had an ongoing recruitment campaign.
- People felt at times the inconsistency of staff did affect their care experience as some people felt staff they were un-familiar with could be a little 'brisk'. One person told us, "A couple of staff can be brisk". Another person told us there was a, "Lack of staff". Another person told us, "Wonderful. The staff are marvellous. Some have come and left". We fed this back to the registered manager and nominated individual so that they were aware of people's experience.
- Relatives we spoke with told us the home had been experiencing issues with staffing although they were happy with the care their loved one had received. One relative told us, "The care is very positive. They take good care of (My Parent)". Another relative told us, "Can't fault them, fantastic".
- Agency staff received a hand over prior to commencing their shift. One agency member of staff we spoke with during our inspection confirmed they were happy working at the service and they were satisfied with the handover they had received.
- The registered manager at the time of the inspection told us the home was not full and was averaging around twenty-five people due to the challenges with staff vacancies. They confirmed they continued to monitor the staffing situation and how many people were living at the home.
- People were supported by staff who had checks prior to working in the service. Checks included a Disclosure and Barring Service (DBS), references and identification. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's support plans contained important information however at the time of our inspection we found two risk assessments had not been completed as required. The registered manager took immediate action to complete both risk assessments following our inspection.
- Staff knew people well including how to support people should they become upset or distressed.
- People's care plans contained important information including professionals involved and any incidents where the person had become upset or distressed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff promoted people to make their own decisions about their care and support.
- Staff received training in the Mental Capacity Act, dignity and respect and equality and diversity. During our inspection we observed staff give people choice and control and speak to people respectfully.
- All people living at the service at the time of the inspection had capacity. The registered manager confirmed should any changes arise in relation to the person's capacity they would arrange a best interest meeting with professionals and significant others.

Preventing and controlling infection

- People told us their bedrooms were cleaned regularly. One person told us, "I'm happy with how often they clean my room". Another person told us, "Nice and clean. It's always like this".
- Communal areas such as corridors, lounges, toilets and bathrooms were clean and tidy during our inspection. However, we found both stairs and the window ledges in this area requiring a sweep and clean to remove dust, dirt and flies. Cleaning schedules confirmed people's bedrooms, communal areas and corridors and the dining area were cleaned daily. However, we found areas such as the stairs were not always confirmed as being cleaned on the cleaning schedules. We fed this back to the registered manager following our inspection.
- Staff told us they were responsible for cleaning people's incontinence aids, such as commodes and urine bottles. Staff confirmed they always ensured these were emptied and cleaned as needed. During our inspection we observed urine bottles with urine in left on people's tables. We feed this back to the registered manager as this was undignified for people.
- Staff confirmed they were all responsible for ensuring the sluice room was clean and tidy. All staff we spoke with were happy with how this room was being left.
- Staff confirmed they cleaned baths and showers following using them. The registered manager confirmed they were looking at putting in a system to record when people had received a bath or shower. At the time of the inspection they were looking to do this whilst promoting choice and control.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was supporting visits in line with current guidance.
- Relatives we spoke with were all happy with the visiting arrangements with the home. They told us, "I can't fault them. I visit when I can". Another relative told us, "No problems visiting".

Learning lessons when things go wrong

- The registered manager had a system in place to monitor and record incident and accidents. All incidents and accidents were recorded into an electronic system where they could be monitored for any themes and trends. The registered manager confirmed they monitored the system to ensure actions were taken when required.

Systems and processes to safeguard people from the risk of abuse

- People and staff felt the service was safe. One person told us, "Safe, oh yer". Staff when asked if people were safe told us, "Yes". Another member of staff told us, "Yes, (people are safe)".
- Staff had a good understanding of the different types of abuse and who to report abuse to.
- Staff received safeguarding training.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

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

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

- The registered manager had systems in place to monitor the quality of the service. These included incidents and accidents and audits.
- The provider's quality assurance system identified shortfalls relating to the administration of medicines. Although we found action was still required at this inspection to improve the recording of topical creams.
- The provider had an ongoing action plan. This identified areas of improvement such as supervision, team meetings and training.
- The previous CQC inspection report and rating was displayed in the service.
- The registered manager understood their responsibilities and when to make a notification to CQC. A notification is a legal requirement where the service must inform the Commission about a certain event or incident.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff knew people well. During the inspection we observed the registered manager and staff speak to people in a respectful manner. They took the time to speak to people asking them how they were and their individual opinions on things.
- The provider had a set of 'dignity do's'. This was a set of expectations that people could expect of staff. These included, 'treat each person as an individual by offering a personalised service' and 'listen and support people to express their needs and wants'. To 'ensure people feel able to complain without fear of retribution' and 'assist people to maintain confidence and a positive self – esteem' were just a few.
- All staff we spoke to as part of the inspection, including one agency member of staff, were happy working at the service. They felt it was a nice place to work with a positive team-work ethos and good management support. One member of staff told us, "It's really good here". They felt the culture was, "Really close knit. We all get along, it's a fun place to work. (Senior member of staff's name) is really knowledgeable. They always know what to do". Another member of staff told us, "Really good team. We all help each other. Brilliant help and support".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was accessible to people, relatives, staff and visitors. People and relatives felt the

registered manager was approachable. One person told us, "I see (the registered manager) 2 or 3 times a day. Very nice (person)". One relative told us, "They know us well as a family".

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

- People and relatives felt able to raise concerns. Feedback gained from people and relatives as part of the inspection was mostly positive. Comments from relatives included, "Very informative and effective at taking care of (name). Very positive". Another relative told us, "(Name) is well looked after". Some feedback which was less positive was about the lack of staff and that there were some inconsistencies. More information on this can be found in the Safe section of this report.
- Feedback was sought through provider's questionnaires. Positive comments were received from the four completed questionnaires received in April 2022. Comments included, 'I can highlight the positive and kindly interface between staff and residents. It has a significant contribution to the wellbeing of all. I will leave a note of thanks to staff (at all levels) for my care at Petersfield'. Another person's comments were, 'More or less do what you like. Flexibility and freedom'. They also confirmed most of the staff, 'They are great'. All people who completed the four questionnaires would recommend the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended the provider's support meetings for registered managers. These were an opportunity to discuss changes to legislation and learning across the organisation.
- The registered manager and staff confirmed they had a positive working relationship with the local GP practice and district nursing service.
- People were supported by staff who sought advice and guidance from health care professionals relating to their individual needs.
- The registered manager was supported by the provider's senior management team. Meetings were held weekly and these were an opportunity to review and discuss the performance of the service.
- The provider had a system in place to monitor incidents and accidents. Quality assurance systems ensured any actions were taken to improve care and prevent similar incidents from occurring again.