

Derbyshire County Council

Petersham Centre Care Home

Inspection report

The Petersham Centre, 58-60 Petersham Road
Long Eaton, Nottingham, NG10 4DD
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Date of inspection visit: 28 July 2015
Date of publication: 06/10/2015

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 

Overall summary

We inspected this service on 28 July 2015. This was an unannounced inspection. At our inspection in September 2013 the service was meeting the requirements of the regulations we checked. The service was registered to provide accommodation and personal care for up to 16 people with learning disabilities. Some people live at the home for long periods whilst others access the home for short term respite care. At the time of our inspection, six people were living at the home.

The service had a registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff understood their responsibilities and the actions they should take to keep people safe from abuse. Risks to people's health and safety were identified and plans were in place to minimise the risks.

There were sufficient staff to meet people's individual needs. Staffing levels were reviewed and adjusted to ensure they met people's needs at all times. The provider

Summary of findings

had a recruitment process that ensured people were supported by staff whose suitability had been checked. Staff were supported and trained to meet people's individual needs.

People received their medicines as prescribed. They were supported to have sufficient to eat and drink to maintain good health and to access health care services when they needed to.

Staff acted in accordance with the requirements of the Mental Capacity Act 2005. Where people did not have capacity to make decisions themselves, we saw that mental capacity assessments were in place and records showed that decisions had been made in their best interest. Nobody was under a Deprivation of Liberty Safeguard at the time of our inspection.

Staff knew people well and supported them to follow their interests and keep in touch with people that mattered to them. People told us staff respected their privacy and dignity.

The registered manager investigated complaints and concerns. Complaints received were discussed with staff to ensure lessons were learnt and when appropriate improvements made. People and their relatives were supported and encouraged to share their opinions on the running of the home. Their views were taken into account in the planning of the service.

The provider's quality monitoring systems provided information to ensure people received care and support safely. Accidents and incidents were investigated and discussed with staff to minimise the risks of a reoccurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and safety were assessed and staff knew the actions they should take to minimise the identified risks. There were enough staff to meet people's needs safely and staffing numbers were kept under review to ensure they met people's needs at all times. The provider carried out checks to assure themselves that staff were suitable to work with people who used the service.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to provide people's care effectively. Staff acted in accordance with the requirements of the Mental Capacity Act 2005. People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Good



Is the service caring?

The service was caring.

Staff worked closely with people's families to build their trust and to enable them to provide person centred care and support. People liked coming to the home and received support that met their individual preferences. Staff encouraged people to maximise their independence and promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People had care plans that detailed how they would like to receive their care treatment and support. These were reviewed and updated when changes in people's needs were identified. Staff supported people to follow their interests. The provider's complaints procedure was accessible to people who lived at the home and their relatives. The registered manager investigated and responded to complaints and used the information received as an opportunity to improve the service.

Good



Is the service well-led?

The service was well-led.

People and their relatives were encouraged to share their opinions about the running of the home and their views were taken into account. Staff felt supported in their role and were confident that the registered manager would take action if they raised any concerns. The provider's checks and audits identified and addressed any areas of concern to improve the quality of care people received.

Good



Petersham Centre Care Home

Detailed findings

Background to this inspection

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

The inspection was undertaken by two inspectors on 28 July 2015 and was unannounced. We reviewed the information we held about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send us by law.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with three people who lived at the home. We spoke with four members of care staff, the chef, the deputy manager and the registered manager. We did this to gain views about the care and to ensure that the required standards were being met. To help us understand people's experiences we observed care and support being delivered in communal areas and saw how people were supported with their meals.

We looked at three people's care records to see how their care and support was planned and delivered. We were not able to see complete staff records as these were not held locally. However, the registered manager was able to demonstrate the processes and checks carried out by the provider. We reviewed checks the registered manager and provider undertook to monitor the quality and safety of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe. They said that they felt well looked after and that they knew who to speak to if they were worried or had a problem. One person said, "I feel more than safe" Staff told us that they received training in safeguarding and understood their responsibilities to protect people from harm. Staff recognised the different types of abuse and knew how to report abuse if they suspected it and told us they would take their concerns to external organisations if they felt appropriate action had not been taken.

People told us that there were always enough staff to support them. We spent time observing care in the communal areas and saw there were enough staff to respond promptly to people's requests for assistance. We saw staff had time to sit and talk with people and there were sufficient staff to support people with their chosen daytime activities. The provider planned staffing levels using a risk rated dependency tool that reflected people's individual needs. We saw this was used to ensure there were enough staff to move a person with complex mobility needs and meet the needs of a new admission. This showed staffing levels were kept under review and varied to meet people's needs at all times.

Care records showed that people's individual needs were assessed before admission and where risks were identified, the care plan described the actions staff should take to minimise the risks. Staff knew about people's individual risks and we saw that people had been involved in

decisions about risk, for example to go shopping independently. Staff explained the actions they took and equipment they used to support people safely and this matched what we read in the care plans. For example, equipment was used for people who had epilepsy which alerted staff when they had seizures whilst in bed.

The registered manager carried out checks to monitor fire and electrical safety and equipment such as the hoists and slings, which minimised the risks people's safety in relation to the premises and equipment. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

We saw that medicines were stored and administered correctly. Medicine administration records showed that people received their medicines as prescribed. Staff who administered medicines were trained to do so and we observed a member of staff having their competence checked to ensure people received their medicines safely. Staff understood people's individual needs and followed the guidance provided for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine.

Staff told us the registered manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with the people who used the service.

Is the service effective?

Our findings

People we spoke with told us the staff looked after them well. One person said, “I look forward to coming here”. Staff told us they felt the service was a positive step for people. One member of staff said, “We meet people’s needs well and it’s great to see some of them move on to live more independently after being here”.

Staff told us their induction included looking at care plans and shadowing experienced staff which gave them the skills and confidence to carry out their role effectively. One member of staff told us, “Shadowing is really beneficial, it helps the training to click into place”. We saw that volunteers were supported and trained for their role and the tasks they carried out. For example, a volunteer working in the kitchen had undertaken their food hygiene certificate to ensure they understood their responsibilities and had the skills they needed to carry out their role effectively.

Staff told us they had training to meet people’s needs which included a national qualification in health and social care. Staff told us they had received training to support people who displayed behaviour that challenged. Staff could describe to us the techniques they used to support people effectively and in the least restrictive way. We saw this was documented in people’s care plans. Staff met with the registered manager on a one-to-one basis every 6-8 weeks to discuss their performance. Staff told us the registered manager encouraged them to develop their skills to meet the individual needs and preferences of people. For example, one member of staff told us they would be learning to use Makaton, which is a language that uses signs and symbols to help people communicate. This showed staff had opportunities to gain the skills they needed to care for people effectively.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Where people cannot make decisions for themselves, the MCA sets out the actions that must be taken to protect people’s rights. We observed that the registered manager and staff were acting in accordance with the MCA. We heard staff discussing decisions that affected people’s daily routine with them, for example asking if they wanted to go to the day centre or what they wanted to have for their

lunch. Where people did not have capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person’s best interest were documented to show who had been involved.

At the time of our inspection, there were no DoLS authorisations in place but the registered manager had identified that one person may be subject to a level of supervision and control that may amount to a deprivation of their liberty. We saw the registered manager had made an application for approval. This demonstrated they understood their responsibilities to comply with the requirements of the DoLS.

People told us the staff supported them to see a doctor, dentist or optician when they needed to. One person told us, “Staff come with me when I go to see the doctor, I like that”. Staff told us that arrangements had been made for nurses from a local practice to administer a person’s insulin when they were at the home because their usual GP practice was too far away. This showed people’s day-to-day health needs were met.

People we spoke with told us they enjoyed the food. They told us they were offered choices and we saw people being offered food and drinks throughout the day to meet their needs and preferences. We observed people having a meal and saw that it was a sociable occasion with lots of laughter and chatter. Staff supported people if they needed assistance to ensure they had enough to eat and drink to maintain good health.

The care plans we looked at included an assessment of the person’s nutritional needs. Where risks were identified, we saw people had been referred to specialists such as dieticians or speech and language therapists. We saw that staff followed the advice provided to minimise the risks. For example, to minimise the risk of choking, we saw that people had their food cut up into manageable pieces.

We saw the chef kept a record of people’s dietary requirements and allergies and monitored the ingredients used which ensured people were offered a diet that met their needs. The chef told us staff kept them informed of changes in people’s nutritional needs and their preferences. For example, they had worked with the staff to develop a healthy eating plan as a number of people had been identified as gaining weight due to inactivity. People

Is the service effective?

had been asked about their preferences and changes made included offering fresh fruit, yoghurts and low sugar dessert options. This showed people were supported to maintain a healthy lifestyle.

Is the service caring?

Our findings

Everyone we spoke with told us they liked the staff and enjoyed spending time at the home. One person told us, “The staff are nice, I love it here”. People who came for short periods told us they were able to have the same room each time, which made them feel at home. One person told us, “I’ve always felt settled when I’m here”. Staff told us they enjoyed working at the home. One member of staff said, “I love it, it’s a really nice place to work”.

We saw that staff were caring and had positive relationships with people. One member of staff told us, “We know people so well, it feels like a big family at times”. Staff knew about people’s preferences and what was important to them. One person told us, “I get to do what I want here”. A member of staff told us, “It’s a person’s holiday when they come to us for respite. People have more freedom here than they can have at home. It’s really important to them and we respect that”. Staff told us how they worked with people’s families to ensure they received personalised care and support which helped to build their trust. For example, we saw one person stayed in the home regularly. The person had been introduced to the staff and home by initially spending short periods there. This had been extended until they and their family were happy with the arrangements. Staff also told us about involving advocates where people had no family to support them. An advocate is an independent person who is appointed to support a person to make and communicate their decisions.

People told us they were able to make decisions about how they were supported. One person told us, “The staff listen to me and help me”. Another person said, “I choose what I wear and what I have to eat”. Another person told us, “Sometimes I like to mix with the other people who are at the home, other times I choose to stay in my room. Staff always respect my wishes”.

We saw that staff supported people to maximise their independence. Staff did not hurry people and gave them time to do things for themselves before offering assistance, for example encouraging people to make a cup of tea themselves. Some people who needed one to one support enjoyed gardening and liked to spend time in the courtyard garden when they were at the home. Staff told us they were able to observe and monitor people from the lounge area which meant they could be independent. Staff also supported people to manage their mail and plan appointments such as healthcare visits, which gave them choice and control.

We saw staff promoted people’s privacy and dignity. Staff knocked on people’s doors and waited to be asked in, any support was conducted behind closed doors. People told us staff respected their privacy when they chose to spend time alone in their room. Visitors were able to visit whenever they wished.

Is the service responsive?

Our findings

People told us staff supported them to follow their interests and take part in activities they enjoyed

whilst they were at the home. This included work experience which linked with any college courses they were doing. One person showed us some of the art work they had completed, which was displayed with other work throughout the home. Most people attended the day service which was next door to the home but people were also supported to take part in activities in the local community. One person's support plan included an individual activity planner which showed they were being supported to socialise outside the home and keep in touch with the local community. Staff told us they were working with a local MP to turn land at the back of the home into a community allotment which would enable people to develop skills and other links with people.

People told us they had lots of visitors and we heard staff talking to people about what their relatives were doing day to day and when they were next visiting. This showed people were supported to keep in touch with people that mattered to them. Staff told us they acted as link workers for people which involved keeping in contact with their families to keep them up to date on the person's progress.

People's care and support needs had been assessed before they came to the home. The information from the

assessments was available on a shared electronic system, for all the staff involved. Staff told us the shared system alerted them when any changes were made which ensured they had up to date information about people's needs. For example, staff told us they could check when they were notified about possible emergency admissions, to ensure they could provide responsive, personalised care. Care records we looked at detailed people's individual needs and preferences on a plan called 'This is me', which used both pictures and words. Staff told us the document formed the basis of any review meetings and included information from people, their relatives and professionals involved in their care. This ensured people had plans that reflected how they would like to receive their care, treatment and support.

We saw there was a complaints procedure in place which was available in an easy read format to ensure it was accessible to everyone. Records showed the registered manager responded to complaints appropriately and met with relatives to resolve any ongoing issues. The registered manager told us they had recently reviewed the complaints policy and now recorded people's informal comments to ensure they could capture and monitor all feedback received. Staff told us complaints were discussed as an opportunity for learning at team meetings and improvements were made where necessary.

Is the service well-led?

Our findings

We found the registered manager and provider carried out audits to assure themselves of the quality and safety of the service that people received. Whenever necessary, action plans were put in place to address the improvements needed. The registered manager understood their responsibilities of registration with us and notified us of important events that affected the service appropriately.

Accidents and incidents were recorded and monitored to identify any patterns or trends. We saw the registered manager had taken action following an incident involving a member of staff and had discussed the issue with them in supervision. Staff told us they discussed learning from accidents and incidents and safeguarding at staff meetings, to minimise the risk of reoccurrence. Staff told us they were involved in developing the future plans for the home which included increasing the range of activities people could take part in to make their stay more of 'holiday' experience. Staff also told us there were plans to set up a dementia café at the home, which would enable them to provide additional support to people living with dementia and their relatives.

There was a relaxed, informal atmosphere at the home and interactions between the registered manager and staff were positive and encouraging. Staff told us they worked well as a team and supported each other to make sure people got the support they needed. One member of staff said, "The team are very proactive, we want the best for

everyone here". All the staff we spoke with felt the management team were supportive and approachable. A member of staff told us, "It's the best management team I've worked for". Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using them. All the staff we spoke with said they felt able to report any concerns about poor practice to the registered manager, and felt confident they would be taken seriously. One member of staff told us, "I feel comfortable approaching the registered manager at any time and they always take the time to discuss my concerns". Another said, "I can raise absolutely anything with them". This showed staff felt supported to carry out their role.

People's relatives were encouraged to give their feedback on the running of the home and we saw that this was acted on. The registered manager sought the opinions of people and their relatives through relatives meetings and contacted people by telephone after a respite stay to get feedback on what had gone well and any areas for improvement. The registered manager also reviewed the feedback gathered by the day centre manager where it related to people who were attending as part of their stay at the home. The registered manager told us there had been complaints that people were not always offered a suitable evening meal at the home after attending the day service and had taken action to ensure the menus complimented each other. This showed that people's views were taken into account in the future planning of the service.