

Inspiring Care Ltd

Petersfield 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Petersfield is a residential care home providing personal care for up to 5 people. The service provides support to people with learning disabilities and autistic people.

Petersfield is a residential detached house with some adaptations. At the time of our inspection there was 4 people using the service.

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

The provider was working within the principles and values of Right support, right care, right culture.

Right Support:

Petersfield is a small, ordinary home forming part of a local community. The property does not appear to be a care home and mirrors the other properties on the road. People were supported to access local facilities and were supported by staff to pursue their interests.

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.

People needs were assessed, risks were identified, and steps taken to keep them safe. People were safeguarded from abuse and staff were knowledgeable about how to support people safely.

Right Care:

People were supported by caring and kind staff. Staff knew people very well and knew their likes and dislikes. Observations and records showed that people experienced choice and control over their support and care.

People's independence was promoted and people were engaged in activities that were meaningful to them. Staff worked in partnership with other agencies to promote people's health and wellbeing.

Right Culture:

The registered manager promoted a positive culture and led by example. People were treated with dignity and respect and were involved in shaping their care.

Staff received the support they needed to carry out their role. Systems were in place, so the home remained safe and effective.

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 the service under the previous legal entity was good (published 26 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also inspected because there was a change to the providers legal entity. This means they are registered now as a new service and we needed to inspect and rate the service.

Follow up

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

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 caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Petersfield 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. 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.

Inspection team

One inspector carried out the inspection.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed the information we had received about the service since registering with us in March 2021. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with all 4 people who used the service. We spoke with 1 relative and 2 health and social care professionals. We spoke with 4 members of staff including the registered manager, deputy manager and care staff. We reviewed a range of records, including 2 people's care records. We looked at 2 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Prior to our inspection we were made aware the service was wearing masks for personal care only and not universally in the home. The registered manager had addressed this before our inspection and we were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

There were no restrictions for people to have visitors to the home.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to guide staff and help monitor people's assessed risks. Some minor updating of care records and risk assessments were taking place, to reflect changing needs, these were completed during our inspection.
- Staff knew people well and had completed training, so they had the skills and knowledge to support people safely. They knew potential early warning signs of distress and how to distract a person and how to keep them safe.
- People had personal emergency evacuation plans in place (PEEP's) detailing how they would be supported safely in the event of a fire. Some additional information was needed to the fire risk assessment, regarding the decreased staffing arrangements at night and how people would be supported safely. This was completed during our inspection.
- Window restrictors were fitted on first floor windows; regular checks took place and the risk assessment in place identified no risk to people. We advised the registered manager there had been a change in guidance about the type of restrictors on windows in care homes. They told us they would update themselves on the guidance, and review their window restrictor risk assessment.

Staffing and recruitment

- There was a small staff team. Staffing levels were maintained at the assessed level to support people safely. The registered manager told us they were recruiting to vacant posts. Staff worked extra shifts to maintain continuity for people, until new staff were appointed.
- Staff told us staffing levels were safe, they confirmed staffing levels were increased when needed, to respond to a change in a person's need.
- The provider carried out checks on new staff before they were employed to work in the home. We found pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were relaxed and happy when engaging with staff members. Staff had a good knowledge of the people they supported and were able to tell us about people's individual needs, wishes and goals.

Using medicines safely

- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications.
- Staff received medication training, and checks of their competency to administer medicines safely had been completed.
- Protocols were in place for people's 'as and when required' (PRN) medications.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and knew how to protect people from abuse.
- Staff told us they were confident that any concerns they had would be dealt with appropriately by the management team.
- Staff told us some people would be able to tell them if they were not happy about something, and they would act on this. Staff told us for some other people they would notice a change in their routine and this would alert them to a concern. All staff we spoke with, told us they had no concerns about people's care.
- The registered manager showed good oversight of safeguarding processes and knew how to raise concerns with the local authority, and CQC.

Learning lessons when things go wrong

- The registered manager demonstrated an open and transparent approach to learning lessons. Accidents and incidents were reviewed to reduce risks to people, identify any trends and prevent further occurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The district nurses had delegated tasks to the care home during COVID-19 and this remained ongoing. There needed to be a written agreement and oversight of staff responsibilities and competencies for the tasks. This was completed by the district nurses during our inspection.
- The registered manager told us specialist services had been more difficult to access, and there had been delays with people receiving reassessments and specialist support as a result of this.
- Staff told us they were well supported by their GP and learning disability nurse. People were supported with routine medical appointments and annual health checks, so early warning signs of ill health were detected.
- A visiting professional told us the home worked well with them and followed their advice and guidance. They had no concerns about the home or the care people received.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had been no admissions to the service for several years. People's care plans were personalised and reflected their physical and mental health needs.
- A relative told us the registered manager consulted with them about their family member's care.
- Staff worked with people in a supportive, person-centred way. Staff engaged with people positively and supported them to maintain their independence through choices and activities.

Staff support: induction, training, skills and experience

- People received support from staff who had received relevant training, including around learning disability, epilepsy and health care needs. A staff member told us, "The training is very good and we can ask the manager anything we are not sure about and they will arrange the training, or find out what we need to know."
- The registered manager was aware of the new government backed training specific to staff supporting people with a learning disability and autism, and also the new code of conduct that will come into force in 2023. They were considering with their training provider future training options in relation to this training.
- Staff had regular supervision and appraisal. A staff member told us, "I feel very well supported by my manager and by the staff team. (Manager's name) is very approachable and works alongside us."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People were able to input into choosing their food and planning their meals. One person told us, " I like the food, my dinner was lovely."
- Some people required their meal to be prepared in specific way to minimise any risks of choking. Staff knew how to prepare the meals and specialist advice had been sought and was being followed.
- People were supported to access drinks and snacks when they wanted them.

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

- The home was comfortable, clean, safe and well maintained.
- Bedrooms seen were personalised. For example, people had pictures, photographs and personal items that were important to them.
- The provider had adapted the building in response to people's changing needs. For example, an external ramp had recently been installed at the front of the home to improve access, and a stair lift had been fitted.
- There was an improvement programme in place. New lounge chairs had recently been purchased and painting of some internal areas had taken place. There were plans in place in the future to replace kitchen units.

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 when this is in their best interests and legally authorised under the MCA. 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager knew when a best interest meeting was needed, and was aware of the circumstances when a DoLS may need to be applied for.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people. A staff member told us, " We always ask people for their consent before supporting them with personal care."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People were comfortable and relaxed around staff members and were comfortable to make requests which were responded to. Staff engaged with people in a respectful and kind manner.
- Staff knew people's needs very well. People's care records included details of life histories, wishes and preferences. This provided staff with the information they needed to ensure they supported people with a personalised care approach.
- Staff respected and understood the importance of people's family and friends and supported people to maintain these links.

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

- People, and those important to them, took part in making decisions and planning of their care.
- People's care records demonstrated they were given a choice about how they were supported with their care including what time they got up, and how they spent their time and what they wanted to eat.
- A relative told us, "I am really happy with the care, all the staff are very kind and friendly."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence and we observed this during our inspection.
- Staff were enthusiastic about their role and wanted to support and help people in the best way they could. A staff member told us, "It's a lovely place to work, it's a small home, and more like a family home. We know people well and they get good care."
- Staff received equality and diversity training. They knew people's needs very well and their likes and dislikes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans detailed their preferences, life history, and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were involved in all aspects of the day to day running of the home including choice of meals and how they spent their time at home or doing things they enjoy.
- People enjoyed activities of their choosing including baking, writing, and drawing. We saw and staff told us, due to change's in some people's care needs there had been change's in the range of activities they wanted to do. Some people attended day centres, and some people had made the decision to no longer attend these, and they were supported to do this.
- People's diverse and cultural needs were known, with guidance for staff to follow.
- People were supported to engage in the community, go shopping for meals out and to other places of interest.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS).

The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Registered manager understood their responsibility to comply with the AIS. Information was available to people in different formats including easy read documents.
- The provider told us in their provider Information return (PIR), 'We assess each person's communication needs and support people to access information in a way that suits the individual, this may include, verbal, pictures, simple makaton, easy read documents and breaking down information so that it is jargon free and easy to understand'.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no recent complaints.
- A relative told us they would contact the registered manager if they had any concerns. They had not needed to do this.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's choices and preferences for end of life care had been sought and recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager instilled a culture where staff valued and promoted people's individuality. People's care needs were responded to promptly and staff worked well together as a team.
- People were supported in an individual and person-centred way. People's care plans focused on their strengths, abilities and goals.
- Relatives were happy with their loved one's care. A relative told us, "I am happy with (person's name) care and have no concerns."
- Staff felt respected, supported and valued. A staff member told us, "The registered manager wants the best for people and they will listen to any suggestions we make. It may be something like equipment to improve things for a person. Anything at all they will listen to us."
- Staff received the support they needed to do their job. A staff member told us, "The registered manager and deputy are very approachable and they work alongside us, we all work very closely as a team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to carry out their role. They were visible in the service and led by example.
- Staff understood their responsibilities. A staff member told us, "We are a very small team and we all work together, and we see the people we support as an extension to our own family."
- Systems were in place to review people's care and support on an ongoing basis as people's needs and wishes changed over time. The registered manager had requested people's needs were reassessed by the local authority when appropriate.
- Regular checks and audits were carried out by the management team and provider in order to oversee the quality of the service. Any issues identified were dealt with in a timely way. For example, medicine audits had identified some medicines needed to be removed from the medicine record charts and this was actioned.
- The registered manager was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.
- Duty of candour is about acting in an open and transparent way when things go wrong. The registered manager was open and honest throughout the inspection. They contacted relatives to inform them about any accidents involving their family member. A relative we spoke with confirmed this.

Continuous learning and improving care; working in partnership with others

- The registered manager was responsive to the inspection process, things we identified and discussed were actioned immediately. For example, some records required updates and these were actioned during the inspection.

Working in partnership with others

- The registered manager sought guidance and advice from external agencies to provide good care. A health and social care professional spoke positively about how the registered manager and care team worked with them.