

Ms Vinette Campbell

# 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

This inspection took place on 8 November 2018 and was unannounced.

Petersfield is a 'care home' for five people with learning disabilities and/or autism. There were five people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen.

At our last inspection on 16 April 2016 we rated the service as overall 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service and were protected from harm by well trained staff and effective risk assessment processes. Staff knew how to report concerns and there were sufficient staff on duty to keep people safe. People were given medication as prescribed and lessons were learnt from incidents and accidents to reduce the risk of further harm.

People continued to receive an effective service. Staff received training that was relevant for their role and were vigilant to people's changing health needs to ensure prompt referrals could be made to external healthcare professionals. Consent was obtained before care and support was given and people enjoyed living in a homely environment.

People continued to receive a caring and compassionate service from staff who took the time to get to know people and make sure their needs were met. People were encouraged to be as independent as possible by contributing to the daily routines in the home.

People continued to receive a responsive service. People had the opportunity to follow their own preferred hobbies and interests and people's needs and preferences were assessed and planned for. Keyworkers ensured that people were involved in planning and reviewing their own care.

The service continued to be well-led. Staff and relatives were happy with the way the service was led and audits were effective in highlighting where there were areas of practice that needed improvement. The registered manager had created a culture which put people's needs first and staff and people were

encouraged to share their views on how the service was run.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Petersfield 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.

This comprehensive inspection visit took place on 8 November 2018 and was unannounced. The inspection team consisted of two inspectors.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed 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. We also contacted the local authority commissioners who purchase the care on behalf of people, to ask them for information about the service.

During our inspection visit we spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, the deputy manager and three staff. We also spoke with one relative and two healthcare professionals by telephone. We looked at a range of records. This included three people's care plans, two people's medicine records, two staff recruitment records and the quality assurance systems that were in place.

# Is the service safe?

## Our findings

At the last inspection in April 2016 the provider was rated as good under this key question. At this inspection we found the service remained good.

We saw that people looked happy to be living at the home and were comfortable with the staff that were supporting them. People were protected from harm because there were processes in place to minimise the risk. For example, equipment such as fire extinguishers and electrical items were checked regularly and there were plans in place for each person to evacuate the building in the case of an emergency. Staff knew how to report concerns and had received training in recognising signs and symptoms of abuse.

Staff had developed a good understanding of the risks to people and the steps they needed to take to reduce those risks. For example, one person had been assessed as being at risk of choking and the staff team were clear about how softened food should be prepared for this person. One relative told us, "Everyone seems to be well looked after there."

People were supported by sufficient numbers of staff. We saw that staff had time to spend with people as well as complete daily tasks such as cleaning and cooking which meant people were supported to access activities and appointments. One relative told us, "I think there are plenty of staff; there is always a couple on duty when we are there."

People received their medication at the right time on a consistent basis. Audits and checks were completed to ensure medication was being given safely and medication records showed that doses were not missed. Staff had received recent training on how to give medication safely.

The provider had a system to check that staff working at the home were suitable before they started work. Staff files contained evidence of the checks that had been undertaken.

The registered manager kept records of any incidents and accidents and these were analysed so that lessons could be learnt to reduce the risk of reoccurrence. For example, there had been one incident where there had been an altercation between two people on the stairs in the home. The registered manager had spoken to staff and people following this, and had put up a notice asking people to use the stairs one person at a time. Another person had recently had an unexplained fall and had been referred to the local Falls Clinic for further investigation.

We saw that the environment was clean and tidy and that staff had access to cleaning materials and personal protective equipment, such as gloves and aprons which helped to reduce the risk of infection to people.

## Is the service effective?

### Our findings

At the last inspection in April 2016 the provider was rated as good under this key question. At this inspection we found the service remained good.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that none of the people living at the home currently lacked capacity and therefore no DoLS applications had been submitted. Two people's capacity was currently under review as their needs were changing and applications were being considered at the time of our inspection.

People were supported to have choice and control of their lives and consent was obtained before care and support was given. The policies and systems in the service supported this practice. For example, care files contained personalised guidance for staff as to how best to support each person to make decisions and we saw that people's consent was obtained before care and support was given.

People were supported by staff who had received training which was relevant to people's needs. This enabled staff to deliver effective support. For example, some staff had been trained to give insulin injections in case the District Nurse could not visit the home due to bad weather. The registered manager carried out regular supervisions so that staff had the opportunity to discuss their learning and development. One member of staff told us, "The manager has been my teacher."

People were supported to eat and drink to maintain a healthy diet and weight. Staff told us how they helped people to make food choices and drinks and fresh fruit were available throughout the day. People's weight was checked monthly and records showed that people were maintaining a healthy weight.

People's health needs were well promoted by staff. People attended regular appointments with health professionals as required and staff had worked hard to make sure people's needs were understood. Staff told us how they had supported one person to improve their diet which had resulted in them having to take less medication for their diabetes. One healthcare professional told us, "The staff have been brilliant – they have been proactive at raising concerns and always follow my instructions."

People lived in a homely environment which had been decorated in line with their preferences. For example,

people had chosen the lounge carpet prior to a recent refurbishment. There were some rooms which still needed re-decoration but the registered manager explained that this work had been put on hold recently as one person had become confused that the home was being re-decorated and looked unfamiliar.



# Is the service caring?

## Our findings

At the last inspection in April 2016 the provider was rated as good under this key question. At this inspection we found the service remained good.

People were cared for by staff who were kind and compassionate. One person told us, "I love it here!" We saw that people enjoyed warm and friendly relationships with the staff team and that staff spoke to people in a kind and caring way.

People's independence was promoted and respected where possible. We saw that people were encouraged to help around the home with daily living tasks when they so wished. Staff told us how important this was for some people. Care records showed clearly what tasks people wanted to do themselves and what they wanted support with and we saw staff respecting these wishes.

People were involved as much as possible in making decisions about their daily routines and support. There was a 'keyworker' system in place; keyworkers met with people weekly to review their support, check their wellbeing and to obtain their views on such matters as menu choices and activities. Keyworkers also carried out a monthly check to ensure people had sufficient clothing and toiletries and that bedrooms were in a good state of repair.

One person living in the home could not use verbal communication to express their wishes. Staff had worked with this person to develop a system of hand signals which helped the person to make choices. Staff had also recently trialled a new electronic communication aid which was designed to promote effective communication. Staff reported that although this was work in progress, the person was developing a good understanding of how to use this device and it had been useful in helping the person indicate when they were unwell. One healthcare professional told us how important it was for one person to have easy access to soft toys as these were important points of reference for them. We saw this person use these toys throughout our inspection as a way of communicating with people.

People were supported to maintain contact with relatives and friends that were important to them. One person showed us the family photographs that staff had helped them to display on their bedroom wall. Relatives told us that they thought their family members were very happy living in the home.

## Is the service responsive?

### Our findings

At the last inspection in April 2016 the provider was rated as good under this key question. At this inspection we found the service remained good.

People's needs had been assessed on an individual basis, and care and support was delivered in line with these assessments. One healthcare professional told us how willing the staff were to respond to people's changing needs. They told us, "They recognised that [person's] needs were changing and they put in some prompts and signs around the home to help them." We saw that support was provided in line with people's cultural and religious preferences. For example, one person was provided with food in line with their religion but did not attend any places of worship as they had expressed a wish not to.

People were supported to take part in activities they enjoyed. Three people attended a day centre during the week and we saw that other people loved to spend their day following their hobbies and interests such as drawing, writing and completing jigsaws. Trips were planned on a daily basis and people were given a choice of whether they wanted to access the local community in line with Registering the Right Support. During our inspection, two people went out to do some shopping and eat lunch and we saw photographs from a holiday to Devon that people had enjoyed a few months ago.

Relatives told us and we saw that they were involved in reviewing and planning people's care and the registered manager explained that people's care plans were reviewed every six months. Relatives and social workers were invited to review meetings if people so wished.

The provider had a complaints policy in place. Records showed that there had been no complaints in the last 12 months, but relatives told us they knew how to complain. One told us, "I know the manager and I have no complaints."

People's preferences were recorded in detail in their end of life care plans and where relevant, people's families or advocates had been involved in creating these plans.

## Is the service well-led?

### Our findings

At the last inspection in April 2016, the provider was rated good under this key question. At this inspection, we found the service remained good.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run. The registered manager was fully aware of the requirement to notify us of any changes or incidents that affected people who used the service.

Relatives and staff told us they were happy with the way the service was being managed. The registered manager had created a person centred culture and staff were motivated to act as an advocate for people to ensure they lived healthy and fulfilling lives. One member of staff told us, "[Registered manager's name] has implemented a lot of good things. Staff morale has improved and it was the best decision to appoint them". We saw that people, staff and visitors had the opportunity to complete surveys about the service and feedback was consistently positive.

A range of audits were in place to ensure people's care was being delivered safely and staff were working effectively. For example, the registered manager had recently audited keyworker records and had identified some inconsistencies in these. Staff supervision records showed that this had been picked up with individual staff to improve their practice.

The PIR highlighted that the provider had recognised improvements were needed to some policies and procedures and a new electronic compliance system had been explored. A decision had been made to adopt a number of policies from this system but at the time of the inspection, this was still work in progress.

The staff team worked in partnership with other agencies and shared information with other professionals as appropriate to ensure people were receiving effective support. The registered manager was active in local informal networks and had used these contacts to bring new initiatives into the home. For example, a new communication aid had been trialled following a recommendation from another provider.

Registered providers are required by law to display the ratings awarded to each service in the home. We confirmed that the rating for Petersfield was on display. Showing this rating demonstrates an open and transparent culture and helps people and relatives understand the quality of the service.