

Peasmarsh Place (Country Care) Limited

Peasmarsh Place

Inspection report

Church Lane
Peasmarsh
Rye
East Sussex
TN31 6XE

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Peasmarsh Place is a residential care home that provides personal care and accommodation to up to 24 people in an adapted building. The service mostly provides support to people with low care needs who want to maintain a high level of independence. Some people have more complex care needs including physical impairments and memory loss. At the time of our inspection there were 16 people using the service.

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

People felt safe and well cared for. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse or discrimination. A relative said, I am happy that mum is there, and I know she is being well looked after.

The staffing arrangements provided enough staff to meet people's needs in a timely manner. Recruitment was ongoing and records confirmed practice ensured staff were recruited safely. People told us, "Staff are kind and so friendly, this is one of the best homes".

People's individual risks were assessed, and actions were taken to reduce any risks. The service was clean and had taken measures to minimise the risk from COVID-19. A relative told us, "The home has regular domestic staff who maintain her room well and it's always kept clean and tidy". Another told us, "I have noticed they are wearing face masks to protect the residents and keep COVID at bay in the home". People's medicines were handled safely.

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. A relative observed, "His decisions regarding what he wants appear very well respected including when he wants to go to bed and how he wants to spend his day".

There was a new management structure was in place and an open and honest culture had been established where staff and people felt able to share their views. Feedback from staff, relatives and visiting professionals was positive about the leadership of the service.

The registered and deputy manager were committed to continuously improve and had plans to develop the service further.

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 was good (published 24 May 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. 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.

Peasmarsh Place

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

Peasmarsh Place 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. Peasmarsh Place 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.

What we did before the inspection

We reviewed the information we held about the service and the service provider. 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 looked at the notifications and any safeguarding alerts we had received for this service and spoke to the local authority. Notifications are information about important events the service is required to send us by law. We used information gathered as part of monitoring activity that took place on 30 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and a visiting relative. Staff spoken with included three care staff the deputy manager and the registered manager.

We spent time observing people in areas throughout the service and could see the interaction between people and staff. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and quality audits. We contacted and received feedback from one visiting professional and three further relatives.

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 Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable around staff and interaction between them was meaningful and respectful. People said, "I am safe, there is someone to walk with you, I am not on my own. Another said, "People are caring, there are no threats here and I can still be on my own if I want to be." A relative said, "She is absolutely safe here, she is well looked after and I don't worry about her."
- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and responding appropriately. They told us where relevant information was located to support them in reporting concerns externally if needed.
- Staff understood different types of abuse and their responsibilities. One staff member told, "People's safety and protection is paramount. In addition to the safeguarding procedures we have a whistleblowing procedure that we can use".
- The registered and deputy manager were familiar with the local safeguarding procedure.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed, identified and managed. A system of generic risk assessments were used to identify any risk and an individual response was recorded as needed. For example, everyone had a personal emergency evacuation plan that identified specific support each person would need to be evacuated safely in an emergency.
- Risks associated with people's health and wellbeing were assessed and monitored. This included people's nutritional risk, risk of any skin damage and risk of falls all of which were closely monitored and acted on. For example, a recent increase in falls for one person had been escalated. Safety measures had been put in place, any possible health reason for these was being explored, the falls team had also been contacted.
- Environmental risks were assessed and monitored. For example, regular maintenance checks were completed to monitor the safety of the premises, this included the checking of the water supply. Other equipment and services were checked and serviced appropriately this included lifting equipment, fire safety equipment, gas and electrical equipment.
- Staff recorded any incident or accident. These were reviewed and responded to mitigate any risk and to learn from past events. This included reporting to other agencies for further support and advice. For example, one person was professionally assessed, and moved using specific equipment, when a finger injury occurred. Staff reviewed and changed the equipment used and ensured its safety with input of an occupational therapist.
- Relatives confirmed staff responded to risks that people may have. One said, "The last incident led to a prompt decision being made to stop using the standing frame and to use a hoist for transfer". Another said, "Since moving downstairs, she is much happier and is now able to come and go to and from her room to the

communal areas on her own".

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. There were currently no examples of any people needing to be deprived of their liberty, and this was normally the case, given the nature of the service provided.

Staffing and recruitment

- People and relatives told us there were enough staff to respond to people's needs in a timely way. One person told us, "Staff come to you day or night and they are always quick. Staff are very good, and nothing is too much trouble". A relative told us, "Staff work hard, long shifts but they are able to show they genuinely love people". A visiting professional told us, "Staff can always be seen in and around the communal areas, monitoring residents both in their rooms and elsewhere".
- The staffing arrangements were flexible and changed according to the occupancy and needs of people living in the service. Staff told us, "Staffing levels change if we have people who need support from two staff members". A relative said, "The home appears responsive to his needs providing an increasing level of care in line with his increasing health needs".
- Most staff had worked in the service for a number of years and had formed caring relationships with people. There had been some staff vacancies, and these had been covered by regular agency staff. A relative told us, "Staff are all friendly and willing to help her when needed". The registered manager told us recent recruitment had taken place.
- There were on call procedures for staff to gain advice and support from managers if needed.
- Staff were recruited safely. Appropriate checks were completed to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (DBS) checks and employment histories. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems, procedures and records were in place to ensure medicines were managed safely. People told us they received their medicines when they needed them. We saw staff administered medicines in an individual way taking account of medicines that were time specific. For example, medicines for Parkinson's that need to be given at identified times.
- Only staff who had received medicine training and had been assessed as competent gave medicines. Staff practice observed demonstrated staff followed best practice ensuring people took their medicines safely with records completed afterwards.
- Where people had been prescribed 'as required' (PRN) medicines, such as those for pain relief. Guidelines were in place and staff ensured people were asked appropriate questions about their individual needs and preferences.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 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 registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

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 took up post in November 2021 she was aware of her responsibilities and was focussed on developing the service. She was supported and worked closely with the deputy manager and maintained a current oversight of the service including auditing practice and quality in the service. She was well liked and respected by people and staff and demonstrated a supporting and caring approach.
- She was aware of certain areas requiring attention that had been raised with her directly by people and their relatives. This included problems with the passenger lift and access to the garden and grounds. She was able to demonstrate she was working with the provider to resolve these matters.
- Visiting professionals and people were positive about the management arrangements. A visiting professional said, "The management and leadership in the home has improved dramatically, seeing many improvements and better organisation. Staff within the care home were appointed into leadership posts to work alongside the new manager, which again has benefited both the residents and the other staff. A person told us, "The home is well managed, the manager is pleasant and competent".
- Audits and quality reports were used to identify areas for improvement and to manage any risk. For example, a recent infection control review indicated the need for an additional waste pedal bin to dispose of PPE safely.

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

- There was a positive team spirit and culture in the service. The registered and deputy manager had a high profile in the service and worked alongside staff, supporting good outcomes for people. Staff felt valued and well supported. One told us, "The manager is approachable, and the team spirit is good. It's a small team here and we all get on and support each other".
- The registered manager recognised that the pandemic and recent deaths in the service had affected staff morale. Although there were areas, she wanted to change she was not rushing allowing time for staff to adjust to changes and recuperate.
- The provider had recognised the importance of staff morale and had taken the time to thank the staff and acknowledge their commitment. One staff member told us, "We have been thanked with vouchers and appreciation letters."

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

- Systems to support engagement with staff and people were in place. Staff meeting records confirmed staff had the opportunity to raise any item for discussion and to share their views. Staff told us they felt listened to and valued, Meetings were now held on a regular basis.
- Resident's meetings were held, and staff supported people to attend and to be heard. A person told us, "Staff always communicate in a friendly and familiar way". Notes were shared with people not able, or who did not wish to attend.
- People's comments and views were recorded and responded to. For example, a notice board used for information sharing was positioned too high for some people to access. This has been lowered in response to people's comments and provided with improved lighting. One person told us, "Residents meetings are held monthly, they listen and act on what they can do".
- Relatives felt they were kept informed. One told us, "I feel communication between the home and myself when needed is good". Emails and a newsletter were used to update relatives on the service changes.

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; Continuous learning and improving care; Working in partnership with others

- The registered and deputy manager were aware of their responsibilities including those under duty of candour. The relevant statutory notifications had been submitted to the CQC promptly. They were open and honest with people and their representatives and kept them informed of any accidents or incidents. One relative told us, "We have been informed of all incidents".
- Both managers acted in an open, honest way, looking to improve the service and outcomes for people. This was demonstrated through the quick response to suggestions and findings during the inspection visit, which were responded to in a positive proactive way. For example, a system to monitor the safety of pressure relieving mattresses was established during the inspection visit.
- A visiting professional also commented on the development and improvements made in the service. "The deputy manager has brought the medicines management fully up to date and has set a much more efficient and safe practice in place".
- The managers had supported staff through the pandemic and ensured they remained updated on government guidelines and continuously reviewed and developed their practice accordingly.
- Staff worked closely with healthcare providers including the local GP surgery and, district nursing team. We observed members of the district nursing team attending a meeting in the service to review one person's care and support with the registered manager. One relative said, "Where needed the home has made timely contact with his medical practice and other health professionals involved in his care".
- Health care professionals were positive about the working relationship formed with the managers and staff working in the service. A visiting health care professional told us, "The leadership team are approachable and not afraid to ask for any advice/support in regards to the clinical needs of each resident".