

# Shaw Healthcare (North Somerset) Limited

## Petersfield

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

### About the service

Petersfield is a residential care home providing accommodation and personal care for up to 36 people. At the time of our inspection 29 people were receiving care, five of whom were receiving respite care.

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

Overall people were positive about the care they received and this was reflected in their feedback to us. Our observations highlighted positive and respectful relationships between people and staff. The service continued to face challenges in relation to recruitment of staff and there was a high usage of agency staff to cover shifts. However, the registered manager was working hard to appoint suitable staff and was using regular agency staff to minimise the impact on people. We also identified some safety concerns within the environment of the home. However these had already been identified by the provider and we were shown plans to address them.

The service was effective and helped ensure people received support with their health needs from the relevant professional. Staff received good training and support to help them in their roles. Supervision and appraisal took place to monitor staff performance and development.

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.

Activities took place in the home for people to take part in as they wished. Resident meetings also took place as a means of enabling people to give their views and opinions.

The home was well led with a person-centred culture established. The registered manager was supported in their role by team leaders and senior care staff. There were systems in place to monitor the quality and safety of the service and this included gathering feedback from people who used the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The service was rated requires improvement at our last inspection published in August 2018.

### Why we inspected

This was a planned inspection based on the previous rating.

## 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 wasn't safe in all aspects.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

**Good** 

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Petersfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed all information available to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at any notifications sent to us by the provider.

#### During the inspection

We spoke with nine people using the service and one relative. A number of permanent staff were absent on the day of our inspection due to a company awards ceremony taking place. However, we spoke with two permanent staff members and a visiting health professional. We reviewed three people's care plans. We reviewed other documents relating to the running of the service such as audits and complaints.

After the inspection

We sought further clarification from the registered manager and provider on the evidence we had gathered at the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant some aspects of the service were not always safe and there was a risk of harm to people using the service.

### Assessing risk, safety monitoring and management

- There were some aspects of the environment that required attention to ensure that people were safe. In the garden area we noted a broken fence that presented a hazard as a wooden post was sticking out at an angle. In one area of the garden there were also trip hazards such as sawn tree stumps and in another we saw chairs resting against the wall with the legs pointing outwards into the pathway.
- Inside the house there were stair bannisters with a large gap between the railings that was potentially a safety hazard. We highlighted these safety concerns to the registered manager. We were told that plans were already in place to improve the outside environment with decking across the area where we found the trip hazards. We saw the plans that were in place, which would improve the area considerably when completed. We were also told that the stair bannisters would be addressed as soon as possible. Dates for completion of this work were provided.
- Until repairs were complete, the registered manager told us that staff were aware of who was using the outside area and monitoring their safety.
- People's care documentation included risk assessments and measures to keep them safe. For example, if a person was at risk of pressure damage to the skin, there was guidance in place to encourage them to change position and to use a pressure relieving mattress.

### Systems and processes to safeguard people from the risk of abuse

- People told us, "I feel very safe and very secure. You can leave things lying around and nobody steals them. Very nice honest people. The carers can't do enough for you. You have to make your requests known" and "I feel safe because there are people here able to help".
- Staff received training in safeguarding adults and told us they felt confident in identifying and reporting any concerns.

### Staffing and recruitment

- The registered manager told us that they were using agency staff currently to cover hours as they currently had around 140 hours of care hours they needed to recruit to. Where possible regular agency staff were used to minimise the impact on people using the service..
- The registered manager told us they had been attending job fairs and advertising locally to try and attract applicants.
- People's feedback about staff was generally positive, "The staff are all very pleasant. They are very friendly. I get on well with them." and "There are no delays in the call bell being answered. (Call bell noted to be

within reach). I see all different staff. Yes, I'm happy with that. They are all very nice. Always very willing."

- Where there were concerns about a member of staff's conduct, swift action was taken to ensure there was no risk to people in the home.
- There were systems in place to ensure recruitment procedures were as safe as possible. This included risk assessing where checks highlighted convictions on a person's Disclosure and Barring Service (DBS) check. We saw the policies and procedures in relation to this.

#### Using medicines safely

- There were safe systems in place to manage people's medicines. We saw that medicines were discussed with people to check whether they were happy for staff to manage medicines on their behalf. People told us, "I'm in charge of my own pills and making sure I have enough. Wonderful. The meds are locked in my room. The inspect me from time to time to make sure all is ok." And "They give the medicines. Usually they wait while I take them. Everything is done properly. I have 8 paracetamols a day and 2 patches for pain on my back. It is all for me. They like me to please myself which is important. I'm happy with my medication. I've only got to say something is wrong and they fetch the doctor."
- One person was taking a medicine that required particular management to ensure it was safe. We saw that it was stored in accordance with what was described in the care plan. Staff were aware of the precautions they needed to take when administering it.
- Medicines were stored safely and only accessible to those who were authorised to do so.
- Electronic Medicine Administration Records (MAR) were used to record when medicines were administered. Stock levels were monitored to check that they were as expected. This gave opportunity to identify medicine errors.
- There were systems in place to return unused medicines to the pharmacy.

#### Preventing and controlling infection

- The home was clean. One visiting professional told us the home always appeared clean when they visited.
- There were domestic staff on duty during the inspection.
- People told us "Clean enough? Yes, it's well looked after." And "there is no problem with cleanliness."

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, and these were reviewed by the registered manager. Action was taken in response to incidents to prevent recurrence. The registered manager told us for example that if a person experienced three or more falls in a short space of time, they would request a referral to the falls team.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to coming to the home. The assessment covered a range of needs including, their nutritional needs, communication, mental health and medical history.
- This assessment helped develop people's care plan.
- People were positive about how the service met their needs. Comments included, "Excellent staff. Well trained. You know which ones you can ask for certain things. They are quite young and very helpful. You can have a laugh if you want it. Oh yes. They meet my needs" and "Yes, well trained. I'm lucky to be here. I think I get the care I want and need".

Staff support: induction, training, skills and experience

- Staff were positive about their training and support. We saw from the training matrix that topics the provider considered mandatory were up to date and refreshed regularly.
- Supervision took place approximately every three months, but staff told us they felt able to approach senior staff at any time if they needed support.
- Staff new to the care sector undertook the Care Certificate. This is a nationally recognised course that provides staff with the basic skills and knowledge required to work in the sector. The registered manager told us that the training would be adapted for new staff with previous experience of care work.

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

- People were positive about the food at the home. Comments included, "Yes, I like the food. No complaints. You can have a snack if you need one" and "They make me special soup, chilli, curry, fish. I have special yoghurt. You order at 08.30 in the morning. I then have a personal chat about what I'm going to eat today. I make up my own drink solutions".
- At our last inspection, we found that there weren't always suitable dessert options on the menu for people with diabetes. At this inspection, we saw that low sugar options were highlighted on the menu board in the dining room.
- We spoke with the chef who told us they were looking to develop diabetic options further and have tasting sessions with people to see if they liked what was on offer.
- During the inspection we saw the chef speaking with a person about the menu and what they wanted. They told us this was something they did frequently to ensure people were happy.
- We saw that people's nutrition was monitored through the use of a nationally recognised tool. If a person was identified as being at risk nutritionally, staff worked with the person's GP to ensure their needs were



met. For some people this included the use of nutritional supplements.

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

- We spoke with a visiting health professional who told us they had a good working relationship with the home. They told us staff were good at communicating and would let them know if there were any concerns about a person's health.
- People told us they received support with their health when they needed it. Comments included; "Yes, I can see the doctor if needed. They seem to pick up quickly if I'm not well" and "I very quickly see the doctor if I'm not well. They can come immediately or the next day, depending on what's needed. The District Nurse does my dressing."
- We saw from people's care records that the GP was contacted if there were any concerns about a person's health.

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

- The design of the premises met people's needs. There were lounge and dining areas for people to socialise if they wished to do so, alongside people's individual rooms.
- There was an outside area which people could access. This required improvement to ensure it was fully safe, though once remedial work was completed it would be a pleasant area for people to use.

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 told us there were currently three people for whom they had applied for DoLS authorisation and were awaiting the outcome of these.
- The registered manager told us most people had capacity to make decisions about their own care and treatment and they hadn't had to make any decisions in a person's best interests.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 gave positive feedback about the care they received. Comments included, "I can't say a word against them. Pleasant all the time. I get on well with them. Definitely respected", "The staff are very kind. If you need any help they will be there" and "Yes, kind and caring. A lovely lot".
- Our observations during the inspection reflected people's positive comments. Interactions were kind and respectful. One person had an upcoming birthday and staff were clearly aware of this, talking to the person about their plans for the day.
- It was a warm day during the inspection and in the afternoon we saw people were offered ice lollies to help keep them cool.
- The registered manager told us they had attended training in transgender awareness. They told us how this training had given them information about how to make their service inclusive to anyone identifying as transgender.

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

- Resident meetings were held to enable people to give their views on the service and discuss any news and developments.
- Team leaders and senior care staff were responsible for developing care plans with the full involvement of the person concerned. These were evaluated on a monthly basis to ensure they continued to be reflective of people's needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy encouraged independence. Comments included, "Privacy and dignity? Yes. I want my privacy. I impress that on the staff. This is my room and I want it kept that way" and "They always treat me as an equal. Nice, really because you can feel more independent". Another person told us "They talk through the care. They always say what they're going to do. They help with independence".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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.

- People's communication needs were described in their support plans. One person for example was visually impaired and used a magnifying glass to read information.
- The registered manager told us that everyone at present using the service, used English as their first language.
- At the midday meal, we saw how staff explained to people with a visual impairment, where the plate was and made sure cutlery was within reach.

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 told us there were activities they could take part in if they wished to do so. Comments included "You can pick and choose activities. I read quite a few books" and "Yes. Exercise and quiz on Monday, Card game Tuesdays, Entertainment Wednesdays, shopping for us on Thursdays and we play cards on Fridays. There is a service on the first Sunday of the month".
- There was an activities coordinator in place at the service, however they weren't available on the day of the inspection. There was a board in a communal area of the home outlining what was taking place each day.
- The home had made links with the community to help reduce the risk of social isolation for people. Local school children visited the home to carry out activities with people. A volunteer also attended the service to help with gardening.

Improving care quality in response to complaints or concerns

- There was a system in place to manage and respond to complaints. When it was appropriate to do so, the registered manager acknowledged shortfalls and apologised.
- People were happy to report and raise concerns if they needed to. Comments included, "No complaints. If I want any help, they would be there for me" and "No complaints. Any little niggles I think they would sort

quickly".

#### End of life care and support

- There was evidence that people's end of life plans had been discussed with them.
- There was information in people's care files about their end of life plans. This included for example, reference to any funeral plans the person had made in advance.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- There was a person centred culture within the home. People told us "Yes, they listen to my suggestions. They're experienced enough to know what's best" and "Yes, they listen they look after me".
- People were able to live their lives as they chose to and this was supported by staff. One person for example told us they attended a local diet related group.
- People told us their needs were met and they were happy living at Petersfield.

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

- There was an open and transparent culture within the home. People and staff evidently felt able to raise any issues or concerns. Comments included, "I'm very comfortable talking to the manager and the staff. Concerns get resolved" and "I have no concerns but do speak to the staff".
- We saw through reviewing complaints that apologies were made when it was necessary to do so.

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

- The registered manager was supported in their role by team leaders and senior carers.
- There was on call support available for staff when the registered manager was unavailable and we were told this worked well.
- There was a system of audit and checks in place to monitor how the service was running. This included regular visits from the quality team within the organisation.
- The views of people and their relatives were gathered as part of the quality monitoring process. We saw from the latest responses that people were positive about the care they received. Several compliments and 'thank yous' had also been received. One family wrote, "Your professional approach does not go unnoticed by our whole family, always affording mum the dignity she deserves."
- The registered manager was aware of their responsibilities to notify CQC of certain events, required by law.
- The rating from our last inspection was on display in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Resident meetings took place to enable people to give their views and opinions. Not everyone chose to attend these meetings but were aware that they were taking place. One person commented "No involvement with resident meetings. I would go if I felt I could add to the meetings, but it is so good I am very happy with things as they are".
- Incidents and accidents were recorded and any learning from these shared with staff.
- Training had been undertaken by the registered manager to help ensure the home was inclusive and welcoming of people with diverse needs.
- There were schemes and awards in place to recognise the hard work and achievements of staff. This included awards ceremonies and employee of the month recognition. The registered manager told us these schemes had a positive impact on staff morale.

#### Working in partnership with others

- The registered manager went to care forums run by North Somerset Council. They told us for example they had attended a briefing on 'winter resilience'.
- Manager's meetings were held within the organisation where best practice could be discussed and shared.