Robert Stephen

Purbeck House Care Home

Inspection report

135 London Road
Waterlooville
Hampshire
PO7 7SH
Tel: 023 9226 1307
Website:

Date of inspection visit: 17 December 2015
Date of publication: 12/01/2016

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

Purbeck House is registered to provide accommodation for 15 older people requiring personal care who may have a learning disability or associated mental health conditions and or be living with dementia. This service does not provide nursing care.

The home has four ensuite bedrooms, four double bedrooms and seven single bedrooms. Three are situated on the ground floor and four are on the first and are accessed by stairs or a stair lift. There is a lounge, two dining areas, kitchen, conservatory and a small patio area to the rear of the property. Public transport and a range of shops are located within walking distance of the service. On the day of our inspection 12 people were living at the home.

There was a registered manager in post. 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 in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

This inspection took place on 17 December 2015 and was unannounced.

The provider had systems in place to respond and manage safeguarding concerns and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

People were involved in their care planning and staff supported people with health care appointments and visits from health care professionals. Care plans were updated to show any changes, and care plans were routinely reviewed monthly to check they were up to date.

People had risk assessments in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and arrangements were in place to manage these safely. Staff knew each person well and had a good knowledge of the needs of people.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People spoke positively about the way the home was run. The manager and staff understood their respective roles and responsibilities. The manager was approachable and understanding to both the people in the home and staff who supported them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

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?

Good

The service was safe. People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met safely.

Is the service effective?

Good

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Purbeck House 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 checked 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 carried out by one inspector due to the small size of the home.

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 checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

On the day of our inspection the registered manager was not at the home. The service was being overseen by the day to day manager (manager).

As part of our inspection, we spoke with the provider, the manager, two care staff, three people living at Purbeck House and two visiting relatives. Following our inspection we spoke with a general practitioner (GP) and a health care professional.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We last inspected the home in August 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. They told us that if they were concerned about anything they would talk to a member of staff or the registered manager. One person said, "I am very safe here. The staff are very kind". Another person told us, "I feel very safe and secure here. All the staff are kind and helpful and always smiling which is really nice". Relatives told us they felt their family members were safe. One relative said, "She is being well looked after here. I'm confident she is in a good place". Another said, "I am very happy with the care and support my relative receives. The staff are very good and are always very attentive".

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies if they are concerned about other staff's care practice. All staff said they would feel confident in raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies if they felt their concerns had been ignored.

There were enough skilled staff deployed to support people and meet their needs. Rosters and staff we spoke with confirmed there was sufficient staff to provide people with the care they needed safely. The manager told us staffing levels were adjusted to meet the changes in needs of people, for example. When people needed to be accompanied by staff to health appointments. Relatives also said they felt there were enough staff to give their relation the care they needed. One relative told us, "I visit the home regularly and staff are always quick to respond to people who need help".

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, one care record showed that a referral had been made to the falls team after the person had a fall. The home had access to specialist equipment and physiotherapy to try and minimise the risk of further falls and this had been effective.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

People we spoke with told us that their medicine was given to them on time. One person said, "I am always asked how I feel before I take my pills. I'm glad they bring it to me otherwise I might forget". At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

Reports of accidents and incidents were recorded and were reviewed monthly to assess if there were any trends in order to identify and make improvements to the support people received. We saw this system was used and had resulted in referrals to the falls prevention team where needed.

The service planned for emergency situations and maintained important equipment to ensure people would

Good

Is the service safe?

be safe. There were regular checks on the stair lift and the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Good

Is the service effective?

Our findings

People told us they enjoyed the food at the home. Comments included, “The food is good” and, “The food is nice”. People were supported in maintaining a balanced and nutritious diet. A cook was employed who was responsible for ordering food supplies and planning the menus with the manager. The cook based the menu around what foods were available seasonally and people’s likes and dislikes. A list of people’s likes and dislikes was held in the kitchen and was available to any staff member responsible for preparing food. There was also a detailed list of whether people needed a soft diet or their food cut up into small pieces, and people’s specific dietary needs. For example, if they were diabetic.

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people took their meals in one of the two dining rooms and this was encouraged to enable people to socialise. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

The home had procedures in place to monitor people’s health needs. People’s care plans gave clear written guidance about people’s health needs and medical history. Each person’s care plan focused on their health needs and the action that had been taken to assess and monitor them. This included details of people’s skin care, dental care, foot care and specific medical needs. A record was made of all health care appointments including why the person needed the visit and the outcome and any recommendations. People’s weights were recorded monthly so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice.

Staff were supported in their role and had been through the provider’s own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness and diabetes. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff’s competency in each area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection one person living at the home was subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the conditions applied to the authorisation.

The home had submitted a further ten applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for

Good

Is the service effective?

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.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

Whilst most people were able to chat about their daily lives, some people were not able to understand and make decisions about their care and support. The manager and staff said where necessary they would liaise with people's relatives, where appropriate, and health and social care professionals should people's needs change, so that appropriate care and support was provided. One member of staff said, "Our priority is keeping people safe and allowing them to lead an independent life at the same time. Sometimes people make decisions that could put them at risk of harm. We need to talk with the person and support them but also need to be mindful that it could be an unwise decision. If that was the case we would need to have a best interest meeting to work out a safer way of meeting the person's needs".

Good

Is the service caring?

Our findings

People relatives and health care professionals made positive comments about the support people received. One person told us, "Staff are kind to me" and another person pointed to a member of staff and said, "She is lovely and always makes me smile". The home had received a number of compliments from relatives about the caring nature of the home. These included, "I would like to say a big thank you to you all for everything you do for X" (person) and "She is so much better for your care. Her smiles and laughter says it all". Relatives told us they were very happy with the home, in particular the staff. People's comments included; "It's a nice homely place", "Mum is very well looked after" and "The staff are very caring". A healthcare professional told us, "People are cared for very well. There is a very good staff team who know what they are doing and do it well".

People told us they could make everyday choices. One person told us, "I do what I want really. If I want to watch TV in the lounge I can or I can watch it in my room". A second person said, "The patio is a nice place to go and sit. At the moment the weather is not very good so it's not something I do but it was lovely in the summer".

Staff communicated with people in a kind and attentive manner. Staff chatted easily with people and we heard joking and laughter. Staff also knew when to stand back so that people could talk to one another and make their own decisions and choices about how to plan their day.

People's ability to express their views and make decisions about their care varied. To ensure all staff were aware of people's views and opinions these, together with their past history, were recorded in people's care plans. There was a section on people's life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. People's preferences on how they wished to receive their daily care and support was also recorded. One person told us they did not feel they needed help with dressing or personal care but needed someone to be with them 'just in case'. We saw that this was clearly documented in their care plan for staff to follow.

Staff knocked on people's doors before entering rooms and staff took the time to talk with people. People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas.

Staff were respectful to people at all times during our visit. Staff ensured people's dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in their room, the door would be closed. This ensured staff did not enter the room during this time. A staff member said they tried to treat people as they themselves would like to be treated. They said, "I try to put myself in their shoes and imagine what it would be like if I was having something done for me". Staff had undertaken a training programme in dignity and respect about how to provide people with dignity in residential care setting.

Care plans contained guidance that maintained people's privacy and dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Records contained information about what was important to each person living at the home.

Residents' meetings were held regularly. These helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We viewed the minutes of three previous meetings in March, July and October 2015. The manager told us, "It is very difficult to get feedback from people who lack the capacity to understand but we also feel it is important to hold these meetings. They can go on for quite a long time and we use 'closed questions' specifically for people who lack capacity. We feel this approach focusses on one thing at a time and helps people to respond openly and honestly with us".

Good

Is the service responsive?

Our findings

People and relatives told us they could talk to staff or the manager at any time if they had any worries or concerns about their care. One person told us, “If I’m not happy with anything I only have to mention it to the manager and she sorts it out for me”. A visiting GP said, “The home call us as and when they have a need to. It’s a good home and one that I would recommend. Being a small home staff know people well. They go the extra mile. It is something I would like to commend”.

People told us staff were responsive to their needs. One person told us, “I am really happy here they do more than they should do. They are always happy”. Another person told us, “If I need help I use my bell and they are quick to come see what I need”. People said the staff were flexible in the way they changed things to meet what they wanted. For example one person said, “They have an activities programme. If we don’t want to do the planned activity they don’t worry they just move things round so that we do what we want to do”.

Activities were arranged in the afternoon. On the day of our inspection it was cake making and decoration. During the morning staff sat and talked with people and offered hand massage and manicures to people. Some people preferred to watch television and some people spent quiet time in their rooms or the lounge reading the newspaper. For those people who preferred to spend time in their rooms staff were seen to visit them regularly and prompted them to join in the homes activities if they wished to do so.

People’s needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person’s health, social and personal care needs to enable staff to care for each person. They included guidance about people’s daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date.

Each care plan demonstrated a clear commitment to promoting, as far as possible, each person’s independence. People’s needs were evaluated, monitored and reviewed each month. Each care plan was centred on people’s personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. Daily reports were completed so that any changes in people’s needs could be monitored. A staff handover also took place at each shift change and was recorded in the ‘daily diary’ so everyone was made aware of any change in care and support people needed.

The complaints procedure was displayed in the home. A complaints procedure for visitors and relatives was displayed also. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints about the home during the last year. The manager told us, “We have very few complaints but if we did have any we would aim to respond and resolve them very quickly. We are clear that we need to be open and transparent. If we have failed we need to put it right, apologise and learn from our mistakes”.

Good

Is the service well-led?

Our findings

People felt the service was well organised and managed. One person commented, “Everything is good, it runs smoothly and everything is on time”. People felt they had opportunities to comment on the running of the service. One person said, “They always ask our views and opinions”. One staff member commented, “The manager is very approachable – for us and the residents. Another staff member told us, “The manager is very good. She involves and includes us in everything. She listens and takes on board our views”. Staff also felt valued by the provider. One staff member said, “The provider is friendly and involved”.

All the people we spoke with told us there was an ‘open atmosphere’ in the home and the manager and provider were approachable and available if they wanted to speak with them. One person said, “You can speak to the manager when you want. She is always around if you want to have a word. Nothing is too much trouble”. Staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, “I feel confident in raising any issues and would question the practice of other staff if I needed to”.

The provider visited the home regularly and spent time discussing the service with people and staff. They recorded what they found and an action plan of any issues that needed addressing was in place. For example, during the provider visit in November 2015 it was noted that an area of flooring by the office required replacement. Action plans clearly stated the required action to be taken and a date by which it should be completed.

The provider had also sent questionnaires in November 2015 to relatives and healthcare professionals to gain their views on the quality of the service provided. At the time of our inspection the provider was awaiting responses. Staff also felt encouraged to make suggestions for improvement at the home. Staff meetings were held on a three monthly basis and we saw from the meeting minutes that staff were kept informed of developments to the service. Staff also participated in an annual staff survey.

The manager was active in the home throughout the day and engaged with people, staff and relatives in a warm and friendly manner. A relative said, “She is always running about the home doing things and talking to people”. We observed the manager and staff talking with people throughout the day and walking around the home ensuring people’s needs were being met.

Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the ‘visitor’s book’. This was used to monitor the whereabouts of people in the event of a fire.

The service had notified us of any incidents that were required by law, such as the deaths, accidents or injuries. We were able to see, from people’s records that actions were taken to learn from incidents. For example, when accidents had occurred the manager had reviewed risk assessments to reduce the risks of these happening again. Incidents and accidents were reviewed monthly to identify trends. Any outcomes were included in an action plan and reviewed regularly or if things changed. This helped to make sure that people were safe and protected as far as possible form the risk of harm.

Policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them.