

Derbyshire County Council

Petersham Centre Care Home

Inspection report

The Petersham Centre
58-60 Petersham Road, Long Eaton
Nottingham
Nottinghamshire
NG10 4DD

Tel: 01629531850

Website: www.derbyshire.gov.uk

Date of inspection visit:
29 September 2017

Date of publication:
24 October 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 29 September 2017. This was an announced inspection as we wanted to ensure there were people available to tell us about the service. This inspection was completed by one inspector. At our last inspection in September 2015 we found the service to be meeting the requirements of the regulations and we rated the service as 'Good'. At this inspection the service remains 'Good'.

The service was registered to provide accommodation and personal care for up to 16 people with learning disabilities. The home was divided into three units. One unit for those developing skills to enable them to be independent, a unit for people who required more support and a short stay unit for people to receive respite. Some people had lived at the home for long periods whilst others accessed the home for short term respite care. At the time of our inspection, there were nine people using the service on a permanent basis and seven using the service for respite.

The service had a registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt there was enough staff to support their needs and they made them feel safe. Risks relating to the environment and activities had been assessed and reviewed. If required equipment had been ordered to make the environment safe.

The provider had followed a recruitment process that ensured people were supported by staff whose suitability had been checked. Staff told us the training available to them was varied and provided them with the skills they required for their role.

People received their medicines as prescribed and there was a flexible approach when people went out or changed their daily routine. There was a varied choice of meals and people felt they could be part of the menu planning for their meals. Some people were supported to cook their own meals and other people had been engaged in making the meal for the other people using the service.

We saw some people were unable to make some decisions. In these instances people had been supported through a best interest approach. Some people were under constant supervision and for these people an application had been made to ensure this was done legally

The staff had developed positive relationships with people and embraced their activities and interests. People were respected in relation to their decisions and their environment when they received personal care. Relatives were welcome at the home and opportunities had been made to maintain relationships.

There was a complaints policy which had been followed when required. People felt able to raise any

concerns and were confident they would be addressed. People's opinions had been considered in making improvements.

The provider used a range of audits to maintain standards and consider improvements. The registered manager understood the requirements in relation to notifying us of events. We saw the rating had been displayed in the reception of the home and it was also accessible on the providers website.

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 remained safe	Good ●
Is the service effective? The service remains effective	Good ●
Is the service caring? The service remains caring	Good ●
Is the service responsive? The service remains good in responsive	Good ●
Is the service well-led? The service remains good in welled	Good ●

Petersham Centre 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.

The inspection took place on 29 September 2017 by one inspector and was announced. We reviewed the information we held about the service. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR) in May 2017. 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 used this information to formulate our inspection plan.

We spoke with five people who lived at the home, three members of care staff, an agency worker, the two deputy managers and the registered manager. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at tea time.

We looked at five people's care records to see how their care and support was planned and delivered. Staff records were not held locally, however the registered manager was able to demonstrate the recruitment processes followed, and staff confirmed the checks which had been carried out by the provider. We reviewed audits and other documentation to reflect the checks the registered manager and provider undertook to monitor the quality and safety of the service.

Is the service safe?

Our findings

People we spoke with felt safe at the service. One person said, "They look after me." A relative said, "Staff always keep them safe and I know they don't get frightened." Staff we spoke with had all received training and had a good understanding of what they would report to ensure people were safe from harm. One staff member told us, "We have an open door approach on this and the local authority is available for advice. It's important we record things so we can assess any concerns."

People had an individual evacuation plan in case of emergencies. Staff told us they discussed these in the staff meeting for new people or when a concern was raised. For example, there had been concerns in relation to one person's weight and immobility. Staff told us they had been given the training to respond to people in an emergency in response to first aid. We saw that evacuation plans had been discussed and reviewed to reflect an appropriate solution.

Some people's behaviour placed themselves or others at risk of possible harm. We saw for these people there was a positive behavioural support plan in place. These provided guidance on how to provide the care required to support the person's needs and reduce any risks to themselves and others. We saw these plans had been developed in conjunction with social care professionals and other people who had important relationships with the person. We saw when one person had moved from children's service to the adults, there was a partnership meeting to share information of importance. One staff member told us, "The information was really important and enable us to have a better insight into the person's life and how we could best support their needs."

We saw that risk assessments had been completed that considered people's environment and the use of equipment. For example, guidance on the use of the walking aids or bathing equipment. We also saw when people required support to transfer, there was guidance on the equipment and how the support should be provided.

People told us there was enough staff to support their needs. One person said, "There is more than enough staff." We saw that some people required support on a one to one basis. One person said, "I always get my one to one support." We saw that staffing level was maintained and when necessary agency staff had been used to ensure the numbers of staff remained constant. A staff member said, "Staff here are lovely to work with and give 100%. We have a good team."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People told us they received their medicine on time. One person said, "I get my tablets at the right time, I

know what time I should have them." They added, "If I am unwell, they get the keys and a tablet from the cupboard for my pain." We saw when people received their medicine it was explained to them and they were given water to help them digest the tablets or remove the taste. The deputy told us and we saw there was a system to check the stock in and out. Staff had received training in the management of medicines and had their competency had been checked on a regular basis.

Is the service effective?

Our findings

There was a programme of training which was monitored by the registered manager. Staff told us the training was very good and always up to date. We saw that when staff completed training they had shared information in the team meeting. When staff commenced their role at the service we saw they received training and support. One staff member told us, "I had a six week programme of training and I also completed a book on further training." They also told us they had shadowed an experienced staff member until they felt confident with their own skills. This meant staff were supported with their roles.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions to authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed when required, and there was some development to ensure that future assessments were more specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been made to the relevant authority and reviewed in accordance with the timeframe. Staff had received training and showed a good understanding in relation to the Act. One person said, "You need to assume capacity unless proven otherwise. People can change day to day and some people have a different preferred method of communication." They went on to say, "These can include signs, pictures or shorter sentences. Like, walking around the subject to help their understanding."

People told us they enjoyed the meals, and one person said, "I am vegetarian and they cater for my needs. There is always plenty of choice and if I don't want what's on offer, we can go to the shop and purchase a meal." People told us and we saw they had access to drinks when they wished. The registered manager told us they had been part of a project which reflected peoples life skills in relation to healthy eating. There was a display in the hallway which showed the daily menu and healthy choices which were available. The deputy told us, "This has led to healthier purchases in the kitchen and more choices." For example, many people ate a main meal in the day, so the meal choices offered during the week, now reflected a lighter tea option. We saw some people had their own meal choices and these were respected and the meals prepared for them. We observed the tea time period. People had a choice and had the opportunity to eat their meal were they wished. Peoples weights had been monitored and when required specialist advice had been obtained and we saw this was reflected in the care plans and the information held by the catering staff.

People told us health care professionals had been contacted when needed. One person said, "They

contacted the district nurse to get some advice, in relation to my legs." We saw that there were referrals to a range of health professionals and any advice or guidance had been recorded in the care plans and cascaded to the staff in the handover meetings. This meant we could be sure people's health care needs had been met to maintain their wellbeing.

Is the service caring?

Our findings

People told us they had established positive relationships with the staff. One person said, "I knew when I first met the staff they would be friendly and they are." A relative said, "The staff are brilliant, they really look after [name]. They are more like friends." Staff showed a genuine affection for people. One staff member said, "I really enjoy my job, these people are fun to be with. Often people underestimate them, so it's good to support them to access the community and give a positive perspective."

People told us they had choices about their daily activities. One person said, "I have plenty of independence." Another person said, "I am able to choose what I want." People felt they had control over their decisions. One person said, "I have time if I need it." They also told us, "I can choose what time I get up or go to bed. There is always staff here if you need anything." Staff we spoke with had a good understanding of people and we saw they took the time to listen or acknowledge people's needs. One staff member told us, "It is important we help people to live their lives in the best way we can. That might be here or at a social event." They added, "Everyone is different and they like different things, it's about making it a nice experience."

Relatives told us they were able to visit at any time. One relative said, "There is a positive attitude from the staff. They are always available to explain things if needed." They also told us that the staff were responsive, for example ordering equipment for their relative after they had a fall.

In the PIR the provider told us they planned to have a dignity tree on display to enable people and their family to add thoughts about the service. This had been completed as part of their dignity achievement award with the local authority. The display had since been removed and replaced with another display. We saw the dignity award had been achieved and the certificate was displayed.

People told us they felt they were respected. One person told us they had a key to their room, they said, "Staff always knock the door and respect my space." The provider had identified staff within the team who had a focused role in relation to dignity. We spoke with the dignity lead, they told us, "Dignity forms part of our everyday interaction. It is a standard item on the staff meeting and we aim to keep it as an ongoing topic."

The provider also had responsibility for two community homes and some other people living in the community, who used Petersham for respite. Each day the provider ensured the homes and some people received a 'safe and well call' from the duty manager at Petersham. The deputy told us, "We make these calls to ensure everything is okay within the community homes as staff are working alone. Other calls are made as the parents of those linked to the service are elderly and the call provides them with peace of mind." The registered manager was considering how they could record the support they provided so that they could reflect on each person or homes support needs.

Is the service responsive?

Our findings

We saw that people's care plans were person centred and contained details reflecting the individual needs and preferences of the person. People and those important to them had been included in the development of the plan, and there were regular reviews to reflect any changes required in relation to the support. Where people had a long term condition or specific diagnosis we saw that information relating to these was available within the care records. A staff member told us, "There is always a lot of information available and if you discover some new information you can add it and share at the handover meetings."

There was a daily handover when the staff team changed. The handover provided the detail for people staying on respite or any changes to the regular people know living at Petersham. One staff member told us, "Its informative and at that time we are allocated our roles and responsibilities." Staff we spoke with said it was a good system which worked well.

People told us they had been involved in developing their own projects. For example, we saw that a vegetable and a wildlife garden had been made. These initiatives had been entered into the provider's local competition. We saw on the day of our inspection that one person who had been involved in the gardens had attended an event to receive a certificate on behalf of the home in relation to these projects. The person told us, "I was delighted to be part of this event and I had my photograph taken with the leader of adult care." People also told us that vegetables which had been grown in the garden had been used to support meals made at the home.

People had an opportunity to access volunteering roles. One person told us, "I help out in the coffee shop at the day centre." We saw other people had domestic roles within the home and had been supported on training courses in relation to that position. For example, one person had received training in moving and handling of inanimate loads. Another person had received fire safety training.

Some people required support to access activities or interests. We saw people had an opportunity to express what they wished to do and were given the staff support to enable activities to happen. For example, visiting and feeding the local horses. Activities had been risk assessed and staff understood the importance of explaining any risks to the person. One staff member said, "We try to accommodate people's wishes and ensure they understand all the risks and support they need."

People told us they felt the registered manager was approachable. One person said, "I would contact the manager, but I have no complaints." The complaints policy was on display and we saw that any complaints which had been received by the registered manager had been acknowledged and then responded to formally. The policy was also available in other formats, for example pictorial. This meant we could be sure complaints would be responded to.

Is the service well-led?

Our findings

In the PIR the registered manager told us they, 'Lead by example, provide direct observations and ensuring training is up to date.' Staff we spoke with confirmed this was correct. One staff member said, "The managers door is always open and they are there to help." Staff told us they had regular supervision. One staff member said, "It's an opportunity to have a catch up with the manager about work, people and my own progress." The registered manager felt they received the support they needed, they told us about their own management support, "My manager is very approachable, always available as they have done the job themselves they have a good understanding."

The registered manager told us and we saw that a staff meeting was held every two weeks. This meeting had a comprehensive agenda to address the home, people, new initiatives or any other items to ensure the service people received was inline with their needs. One staff member said, "It's valuable as you always find something new."

The PIR also identified the need for all staff to have access to the computer system. This was still an area to be completed and was due to the providers system. The deputy told us, "It is on the agenda and we hoped to be organised soon, as it would enable the staff without access to have it and reduce the onus on those few who have the access."

We saw that in addition to the provider's audits, an audit in relation to medicines had been completed by the pharmacy. This noted that some staff required updated training and we saw this had been acknowledged and scheduled. The provider had a range of audits which they completed across different months to reflect the home and any improvements. For example, one person had recently moved to the service and the audit noted many of the incidents related to this person. A meeting was held with a range of partners. Strategies were put in place and we saw the incidents reduced and had then ceased. This meant the provider took action in relation to information obtained from the audits

We saw when agency staff had been used to support the home, they received an induction prior to commencing their shift. On the day of the inspection there was an agency worker present, they told us, "I have received a full tour of the building and the deputy went through the fire procedures. I have been told where the files are and where to find information if I need it." This meant the agency staff were given support in their role to enable them to provide the support needed.

The registered manager had supported an apprentice at the home and they had since been successful in obtaining a care position at one of the providers other locations. The registered manager said, "It was good to see them go from being shy and unconfident into achieving a care position."

We saw the home had an ongoing refurbishment and improvement plan. For example, a carpet had been changed to a washable floor and a solid front door been put in place to increase the security of the building. Other improvements were planned and people who used the service had been consulted in respect of the colour of the paint and furniture within rooms. This meant people were included in the development of the

service.

The registered manager was aware of their responsibilities and had notified us of events. This meant we could see what actions had been taken. The home had displayed their last inspection rating and it was also accessible on the provider's website.