

Popular Care Ltd

Peterlee Care Home

Inspection report

Westcott Road
Peterlee
County Durham
SR8 5JE

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Peterlee Care Home is a residential care home providing personal and nursing care for up to 44 people. At the time of our inspection there were 42 people using the service.

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

People and their relatives were very positive about the care provided. People told us they felt safe and staff had the skills to support them. Relatives provided positive examples of how staff had helped improve people's lives since moving to the home.

Staff were safely recruited and received an induction followed by on-going training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing levels were appropriate and met people's needs.

People and relatives were involved in every stage of care planning. People had personalised care plans and staff were delivering person-centred care.

The manager had an effective quality assurance system which included regular audits and checks. These were used to identify any areas for improvement.

Staff ensured people living at the home were happy. Staff found ways to promote people's independence, their passions and personal interests. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home.

The service was following infection prevention and control procedures to keep people safe. Medicines were managed safely. Risks to people were assessed and action was taken to reduce the chances of them re-occurring. The manager acted on feedback immediately. People were safeguarded from abuse.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 2 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 caring findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our caring findings below.

Good ●

Peterlee Care Home

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 team consisted of an 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

Peterlee Care Home 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. Peterlee Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had taken up the position and they are currently going through the application process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We spoke to the Nominated Individual, the deputy manager, 5 care staff and an administrator. The Expert by Experience spoke to 4 relatives. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's complete care records and the medication records for 4 people. We looked at 3 staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We carried out a visual inspection of the home and observed interactions between people who lived at the home and staff.

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 protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I haven't had to report abuse but I know how to do it if needed."
- People told us they felt safe when receiving their care. One relative told us, "The staff are very careful with [person], I trust staff to keep them safe."

Assessing risk, safety monitoring and management

- People were kept safe as individual risks to people and within the environment were assessed regularly and steps in place to mitigate any potential risk.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular health and safety checks were undertaken by staff responsible for the maintenance and safety of the premises. Equipment in use such as hoists were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed.. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs. One relative said, "I think there are enough staff, when I am visiting the call bells get answered very quickly, if [person] needs anything they are there immediately."

Using medicines safely

- Medicines were managed safely. The manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly.
- People and relatives told us that they were confident in the medicine's management within the service. One relative said, "The staff give [person] medicine and it's always logged correctly."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 had their needs fully assessed and care plans reflected their choices and best practice guidance. A 'Resident of the Day' system helped to make sure people were at the centre of this process.
- Electronic care plans included comprehensive assessments of people's needs which were updated regularly. The system flagged when reviews were due or missed enabling staff to update as required.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care.
- Care plans contained person-centred information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may challenge.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had received appropriate training and support. One relative told us, "The staff all know what they're doing, especially with [person] who has so many care needs."
- The providers training matrix showed a high level of compliance for all staff in topics such as medicines administration, manual handling, oral health and food hygiene.
- Staff felt supported by the manager and had ongoing opportunities to reflect on their working practices and professional development. This included regular supervision meetings and an annual appraisal of their overall work performance.

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

- People were supported to maintain a balanced diet.
- We looked at 4 care plans which had step by step guidance for staff who were supporting people with eating and drinking. The guidance was specific and in depth for everyone's complex needs.
- We observed mealtime in the dining area and lunch was relaxed and unhurried, staff gave appropriate assistance to enable people to eat in a dignified manner.
- Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access other healthcare professionals and services.
- The Nominated Individual told us care workers accompanied people or arranged visits to hospitals and

appointments with GPs.

- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.
- The provider involved health and social care professionals when needed and responded to recommendations from them. For example, one person had specific health needs, the service had arranged for the Community Liaison Nurse to visit to provide additional support when required.

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

- The home was appropriately adapted and designed to meet people's needs. People received care and support in a safe and clean environment.
- People were able to furnish their rooms with personal belongings and furniture if they wished.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care was delivered in line with MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making
- Staff had received training around MCA and DoLS.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 confirmed staff provided kind and compassionate care. One relative told us, "It is the best part of [person] being here, the staff are so friendly and caring, they will accommodate any requests we have. They are fantastic."
- Equality and diversity policies were implemented to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief and staff followed this.
- Care plans included information about people's diverse needs, such as religious and cultural needs, where relevant.
- Residents were confident about the quality of care being provided and felt able to recommend the home to others. The 2021 resident survey showed high satisfaction regarding staff attitude and people felt they were treated with dignity.

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

- People's choices and preferences about how they wanted to be cared for were recorded in their care plans.
- Care plans also included people's skills and what they're able to do for themselves. The Nominated Individual told us they supported people to maintain their independence and be involved where possible.
- The provider sought feedback from people through relatives' meetings and people were able to give feedback.
- Relatives confirmed people were asked for choices around their care. A relative commented, "[person] doesn't really have capacity but they are involved as much as possible and staff give the family as much explanation to any changes in care as possible."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected. Care records were kept securely, and access was limited to those with overall responsibility for the day-to-day care of people.
- Staff told us they ensured people's privacy and dignity were maintained. One staff member said, "We knock on doors before entering, it's important to give people privacy and respect."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a clear emphasis on promoting people's choices where possible. Care plans clearly described people's daily routines and the level of support they required. For example, choosing clothes and dressing, what food they liked to prepare, general interests such as tv, what shops they like to visit and indicated any potential risks.
- Care plans were comprehensive and detailed people's health, emotional, behavioural, medical, and mental health needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs fully assessed by staff. Strategies were in place for staff to follow to support people with communication.
- All information was available in large print, easy read and audio. Staff talked through all information in a language people understood. One relative told us, "[Person] can't communicate very well but the staff are great, they take their time so [person] can understand what is happening."

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

- Staff supported people to attend activities in the local community and maintain relationships that were important to them.
- Relatives were positive about the activities provided. A relative commented, "[Person] loves the activities, they always join in. Staff are great and always have something planned."

Improving care quality in response to complaints or concerns

- People and relatives did not have any concerns about the service and knew how to raise a complaint if they needed to. A relative said, "I know how to complain but I haven't wanted to, they are so good."
- Any complaints or concerns received were used by the manager to improve the service provided and shared with staff to improve the overall care delivery.

End of life care and support

- At the time of inspection no one was receiving end of life care and support. The provider had an end of life policy and staff had received training around this as part of their induction.
- When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way and this was recorded in their care plans.

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.

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

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "I enjoy working here, the staff really look after each other."
- The manager communicated with people, relatives and staff. Relatives told us the management team were approachable. One relative commented, "The manager has been great, very informative and helpful."

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

- The service had a duty of candour policy and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

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

- The manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.
- People and relatives were happy with the management and staff. One relative said "There has been some changes but the staff are great and really bond with people they care for."

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

- People had the opportunity to discuss things that were important to them through family meetings and social media groups. One relative said, "They have cards at reception which you fill in if you want and they are put on a special board. I did one just recently because one of the carers was so lovely, they were encouraging as well as friendly."
- The provider held team meetings with staff where their views were heard, these included meetings for care staff, senior staff and nurses.
- A resident's satisfaction survey had been completed in 2021. Feedback was positive and we saw the provider had taken on feedback and suggestions made as part of the survey.

Continuous learning and improving care

- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.
- Staff spoke positively about the care and support provided and the staff teamwork. The provider takes part in The Care Award which helps promotes staff improvement and development.
- The electronic care planning system and medicines administration system were used effectively to monitor and improve care.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.