Shaw Healthcare (North Somerset) Limited

Petersfield

Inspection report

Petersfield
Church Road South
Portishead
Somerset
BS20 6PU

Tel: 01275848362
Website: www.shaw.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on the 9 & 10 January 2017. This was an unannounced inspection.

Petersfield care home provides accommodation for up to 36 people who require personal care. The service is a residential care home for older people. At the time of our visit there were 36 people living at the home. Petersfield has 36 rooms; it is set over two floors and has four communal lounges, a smoking room, staff room, training room, laundry room, hairdressing room, management office, dining area, kitchen, garden and patio area.

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 2008 and associated Regulations about how the service is run.

People lived in a clean home although water checks needed improving due to inconsistent water temperatures and checks not being undertaken in line with the home's guidelines. People felt the environment was not always promoting their independence. For example, at times people relied on staff to turn taps and the toilet layout could be improved.

People had mixed views about their meals and choices. Meals were not always provided in line with people's specific dietary requirements relating to their diabetes and risks of choking. People felt supported by staff who were kind and caring and staff demonstrated a caring approach.

People's care plans were detailed and personalised and contained informative risk assessments. However people who had diabetes and modified diets had no support plans in place which gave staff clear guidelines to follow. People were supported to maintain relationships with friends and family. Staff gave people choice and control in their care and support.

People felt safe in the home and received support from staff who had appropriate checks in place prior to commencing their employment. People's care plans confirmed if people were unable to make decisions relating to their care and treatment and the principles of The Mental Capacity Act 2005 were being followed. People were happy with the medicines they received although records were not always accurately completed relating to prescribed creams.

People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff received regular supervision and training to ensure they were skilled to meet people's individual care needs. Staff felt happy and supported by the management of the home.
People were supported by staff who gave people choice and control in their care and support. People had access to activities and social events that were important to them. Activities available included quizzes, cards, coffee mornings, reading newspapers and exercises to music.

People told us they felt able to make a complaint to the registered manager should they need to do so. People and relatives were involved in planning their care. Peoples' views were sought so that improvements could be identified, feedback received was overall positive about the care provided and received.

The provider had quality assurance systems in place that identified most areas for improvement. However we found during the inspection some areas that had not been identified prior to our inspection. For example, shortfalls in recording medicines, water temperatures and people's feedback relating to difficulty with using the taps and toilets. The registered daily walk around had also failed to identify where one person was receiving a diet that was not in line with their health care professionals advice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People lived in a clean home. Water temperatures were hotter that the site log book stated they should be.

People were happy with how they received their medicines although people were not always receiving their creams when required. Records relating to medicines were not always up to date.

People's care plans contained informative risk assessments although some required additional information relating to their individual needs.

People felt the service was safe and recruitment procedures ensured people were supported by staff that had adequate checks prior to commencing their employment.

People were supported by sufficient numbers of staff at the time of the inspection.

Is the service effective?

Requires Improvement

The service was not always effective.

People felt the toilets and taps could be improved to enable greater independence, along with dignity and privacy within the home.

People did not always have their nutritional needs met to ensure they received a diet in line with their individual needs and wishes.

People's care plans confirmed if people were unable to make decisions relating to their care and treatment. The principles of The Mental Capacity Act 2005 were being followed.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

Is the service caring?

Good

The service was caring.

People felt supported by staff who were kind and caring.

People were supported to maintain relationships with friends and family.

People were supported by staff who gave them choice and control in their care and support.

Is the service responsive?

Good

The service was responsive.

People felt able to make a complaint should they need to do so. Various compliments had been received from people and relatives about the care people had received.

People were supported to access a range of activities.

People's care plans were individual and personalised and reflected their likes and dislikes.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had quality assurance systems in place but these were not always identifying shortfalls found during the inspection.

People were supported by staff who felt happy and supported by the management of the home.

Staff had daily handover meetings that confirmed any changes to people in the home.

People and relatives were sent an annual survey to seek their feedback.

Petersfield

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.

This was an unannounced inspection that took place on the 9 and 10 January 2017. It was carried out by one inspector, an inspection manager and an expert by experience on the first day and an inspector and inspection manager on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with 11 people living at Petersfield residential home and three relatives about the quality of the care and support provided. We spoke with the registered manager, the operations manager, the team leader, five care staff, the activities co-ordinator and the chef. We gained views from two health care professionals following the inspection.

We looked at four people's care records and documentation in relation to the management of the home. This included two staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe.

At the last inspection of this service on 9 and 14 October 2015 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Some aspects of the service were not safe. This was because referrals were not being made when people could be at risk of harm. During this inspection we found improvements had been taken to improve people's safety relating to safeguarding adults.

People, staff and relatives felt the home was safe. We asked people if they felt safe. They told us, "Yes I feel safe here," "Oh yes I feel safe" and "Yes I do feel safe." One relative told us, "Oh yes I feel [Name of the person] has been safe since she's been here." Two staff told us, "Yes, people are safe" and "I have never thought people aren't safe."

Staff had received training in safeguarding adults. Records confirmed this. Staff were able to demonstrate their understanding of abuse and who they would go to if they suspected someone was being abused. Staff told us, "It is about protecting people from harm. I would go to [Managers name] and to social services and The Care Quality Commission" and "I have received safeguarding training. I would call the safeguarding team, or go higher if I needed to. The Care Quality Commission and social worker as well". This meant any concerns relating to abuse would be raised and shared with the appropriate external agency.

People lived in a clean home, although we found hot water temperatures to be variable. People's feedback was mixed about the water temperatures. They told us, "The water is hot in the toilet. The bathroom it is warm," and "Sometimes it is so hot you can't put your hands under it." During the inspection we found 11 water outlets had hot water varying from warm water to hot. One person's bedroom had no hot water. On speaking to a member of staff they confirmed this was a problem, but if both taps were run hot water would come through after a while. We reviewed what water checks had been undertaken. Records showed not all water outlets were being checked monthly as required. The home's log book records for recording domestic water services confirmed water checks should be undertaken every month. Records checked did not confirm this. Records confirmed staff hand basins exceed above the 'log book' temperature guidelines of 41 degrees. For example, in January 2017 the water temperature in the sluice room was recorded at 60.7 degrees. The staff kitchen was recorded at 62 degrees and the kitchen store was recorded at 62.5 degrees. We asked the handyman what action had been taken. They confirmed none. The registered manager following the inspection confirmed an external company had undertaken hot water and legionella checks throughout the home, in December 2016. This meant people were experiencing daily variances to hot water in the home. Which could mean hot water in their rooms exceeds the home's recommended temperature. We fed this back to the registered manager during the inspection for them to take appropriate action.

People's care plans included detailed and informative risk assessments relating to their moving and handling needs and risk of falls. However, people who required support with their diabetes had no specific guidelines in place on how the person should be supported with their diabetes and how often this should be

checked and what the risks were. This is important as staff require guidelines that confirm what their diabetes care is and if they require their diet to be changed or receive medicines. Staff confirmed people who were diabetic were supported by the district nursing team and were visited each week. However, this was not reflected in people's care plans. We raised this with the registered manager who confirmed they would action a diabetic support plan for those people who had diabetes. This meant people who had diabetes did not have guidelines in place for staff to follow which could mean they received unsafe care and treatment.

People were happy with the support they received from staff although we found people might not always be receiving their medicines as prescribed. During our inspection we found not all medicines were being signed for as required by staff. For example, we found creams that were being administered throughout the day were not always recorded as administered or refused. Care staff told us creams administered were recorded within the person's cream chart by the staff member providing personal care. We found two people had missing records where there was no record of staff applying their cream or them refusing. We found the cream chart in another person's room had not been accurately completed and there were gaps where there was no record why the person's creams had not been administered that day. Staff who administered medicines at lunch time signed people's electronic record confirming the person had received their prescribed cream. However they had not checked the person's cream chart in their room. This meant due to incomplete cream charts it was unclear if the person had actually received their creams like their electronic record confirmed. We also found where one person had a specific allergy recorded in their care plan this had not been updated on their electronic medicines record. We fed these concerns back to the registered manager and operations manager so they could take the appropriate action.

People were aware of what their medicines they took and any side effects. One person told us, "Yes I do take medication, four tablets in the morning and two at tea time." One relative told us, "Yes my mother is on medication. They have told my mother and my sister what the side effects are." Medicines were administered from staff that had been trained. Medicines were dispensed to each person directly from the medicines trolley and people were provided with a drink of their choice to help them take their medicines. Staff washed their hands before administering medicines and used personal protective equipment (PPE).

All medicines that required stricter controls by law were stored securely and accurately documented. All staff who dispensed medicines had received appropriate training and there were robust procedures for investigating errors and incidents.

During the inspection people were supported by staffing numbers to meet their individual needs. We saw staff spend time with people and respond to people promptly and compassionately. The registered manager confirmed the staffing arrangements for the home was; one team leader, one senior, three support workers, one activity co-ordinator, a cook, a domestic, and an office administrator. We observed this staffing level during the inspection and records confirmed this.

People gave positive feedback on staffing levels. They told us, "There is a lot of staff about" and "We see a lot of agency staff. But there all very nice. And I do think they have enough staff here." The registered manager confirmed the service had been using agency staff due to vacancies but that they were hoping this was reducing now due to new staff they had recruited. Staff felt improvements were being made however when people became unwell additional staff were not provided. Staff told us, "I feel there are enough staff, but if someone is poorly it really takes our time. There is no extra," and "When the needs of the residents are much greater the staffing levels don't change. It is when their needs get greater." We fed this back to the operations and registered manager, so they could review any action they might need to consider when people's needs changed.

Incidents and accidents were logged and there was a system for collating information and reviewing any trends. For example, where people had fallen the service had recorded the incident and reviewed if any action was required which included undertaking a falls risk assessment and completing a referral to the community falls team. This meant the service was monitoring and taking action to prevent similar incidents from occurring. We also found during the inspection medicines had been found in one person's room. The incident was recorded, investigated and reported to the GP and safeguarding team. Observations and records confirmed appropriate and timely actions had been taken.

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files confirmed checks had been undertaken with regard to criminal records, proof of identification and references. Records confirmed this.

Staff ensured visitors signed into the visitor's book, this was to ensure the staff knew who was in the building in case of an emergency. People's care plans had an individual personal evacuation plan. This confirmed what support the person needed relating to their communication, support and equipment. The home had an emergency plan if the building needed to be evacuated. There was a completed gas, electric and portable appliance test in place and records confirmed these were in date. This meant safety checks to the building were in place at the time of the inspection.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective.

At the last inspection of this service on 9 and 14 October 2015, we found breaches of Regulation 18 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Some aspects of the service were not always effective. This was because staff were not receiving adequate supervision and appraisals. Applications relating to Deprivation of liberty safeguards (DoLS) had not been made when required for those who were unable to leave the care home unsupervised. During this inspection we found improvements had been made.

For example, we found people's consent to care and treatment was sought in line with legislation. 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. The registered manager was following the principles of the MCA and care plans reflected people's capacity or best interest decisions made.

Petersfield was meeting the requirements of the Deprivation of liberty Safeguards (DoLS). 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 are 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 were being met. The correct guidance had been followed and applications made where required.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Training included, safeguarding adults, moving and handling, medication, mental capacity and DoLS. Staff told us, "Very hot on training. I have had medication, first aid, safeguarding, Mental Capacity and DoLS and moving and handling training" and "There is always training going on. At the end of February we have pressure ulceration training." Staff had access to additional training which was tailored to the needs of the people that staff provided care and support to. For example, some staff had received Dementia and Diabetic training. This meant staff received additional training to enable them to carry out their role effectively.

Staff felt well supported and confirmed there was regular supervision and appraisals. Supervisions were an opportunity to discuss the staff member's attendance and any other area of the staff's responsibilities. Staff were given an opportunity to feedback any areas they wished to discuss before their appraisal meeting. Staff told us, "Yes I have had supervision and an appraisal" and "I have had an appraisal and supervision. My supervision does allow me to talk about any training and what is needed at the time. I get an appraisal form before to fill in as well. I feel well supported." The registered manager confirmed all staff now received regular supervision and all had received an appraisal following the last inspection. Appraisals and

supervision records confirmed these outcomes and any areas for improvements.

People felt the environment could be improved due to the difficulty they had in turning the taps on and off and how the toilets were laid out. People told us, "I struggle to use the taps. I have to ask a member of staff" and "There are no lever taps which would be much easier to use." One person confirmed how much better their bedroom sink was with lever taps. They told us, "The taps are really good. I can use them by myself." We found most people's bedrooms and communal areas of the home had taps that required people to have a good grip and the strength and ability to turn them. People felt improvements could be made by having separate male and female toilets to improve their privacy and dignity. One person told us, "They should have a woman's and a men's toilet. It's a lack of privacy. And it's not dignified." Another person told us they walked past a toilet whilst someone was using it and went on to say how undignified this was. Although the provider and The Care Quality Commission had not received any complaints or concerns from people or relatives regarding these issues. We fed this back to the operations and registered manager. They confirmed the toilets and bathrooms were due to be upgraded and so the taps and toilets could be reviewed as part of the upgrade.

During the inspection we found people could be at risk of not having their nutritional needs met to ensure they received a diet in line with their individual needs and wishes. For example, we found one person was not receiving their meals as advised by a health care professional. We observed them having been given biscuits and other items which were not in line with their assessed modified diet. Their care plan had no details of the risk or what guidelines staff should be following regarding modifying their diet. The registered manager confirmed during the inspection that she would contact the health care professional and would update a risk assessment and support plan with detailed guidelines.

People had mixed views about the choice of meals available to them. We found people who were diabetic felt their specific dietary needs might not always be being met. For example one person told us, "I am a diabetic and I don't think they cater for diabetics, too much sweet stuff with no alternatives, only fruit. And I have to ask for it. And I have to get it myself." We found over ten people in the home had diabetes. The menus were set giving two different alternatives each day but there was no identified meal suitable for those who were diabetic. Other feedback included, "The food is very good on the whole. I can't grumble about it. And we get a good choice and after tea time, I can have a sandwich at about 20:30. And there's always water in my room if I get thirsty at night." Relatives told us, "Well I think it's very good. [Name] likes it. And there is a good choice. "Another relative told us, "[Name] does not like the food very much, but they do have a salad everyday as that is in the care plan, and the soup is quite good." We fed back to the registered manager people's feedback and that menus could be improved to ensure those on specific dietary requirements had options available to them.

People were well supported by staff during their mealtimes. Meals were served where people wished to eat them. For example, some people choose to have their lunch in the dining area and others in their room. During lunch people were asked if they wanted more and if they had finished. People were asked if they wanted water or squash. The meal options for the day were on display. Where people needed adapted cutlery to enable them to eat independently this had been provided.

People were visited by a range of health care professionals. During the inspection we observed the service being supported by a specialist health professional. Staff confirmed they visited regularly to dress people's wounds and check their diabetes. Records confirmed this. Feedback from health professionals was positive. One comment included, "I have always found staff helpful and supportive. Staff members are proactive in referring for wound and pressure care." At the time of the inspection no one was receiving support in

relation to their pressure care.

Good

Is the service caring?

Our findings

The service was caring.

People and relatives all felt staff demonstrated a kind and caring approach and if they wanted something all they had to do was ask. People told us, "The staff are very good. They are all very nice," "The best thing here are the staff. Their brilliant. Very kind and very friendly and helpful" and "Yes staff are kind and caring and are alright". One person described how helpful they found staff. They told us, "Staff are helpful. They do what you want or need." One relative told us, "I think the staff are fantastic and they care."

During the inspection staff demonstrated how they provided people with compassionate care. Staff treated people within dignity and respect. For example, people were asked by staff, "How are you feeling today?" "What would you like for breakfast?" and "How are you today?" People felt care was provided in a dignified and respectful manner. One person told us, "I get up when I want to. There is no rush. Anything I can't do they would do for me." Staff knocked on people's doors and shut people's door to provide them with privacy when they needed it.

People were supported by staff who demonstrated how they promoted and supported people's diverse needs. Staff were able to explain their understanding of equality and diversity. They confirmed it was about supporting the individual and respecting people's choice. Staff told us, "We are all equal. We are individual in our beliefs and thoughts. We shouldn't put our own beliefs onto others. We shouldn't discriminate due to sexuality, colour, and age." Another member of staff told us, "People are supported by the local churches. We have various different church services at the home." People's care plans confirmed people's religious needs.

People were supported to maintain relationships with friends and family. During the inspection we observed people having visitors throughout the day. People felt able to receive visitors at any time. They told us, "My husband visits every day" and "I have my daughter visits and my granddaughter, they visit quite regularly." Two relatives told us, "There are no restrictions to when I can come and go" and "No there are no restrictions as to when we can come and go. And we, my sister and I, take my mother out."

People were able to express their views and were actively involved in making decisions about their care, treatment and support. People made daily choices about how they wished to spend their day. For example we saw one person throughout the day spend time in their room relaxing. People spent time in the lounge areas, dining room or in their own bedrooms. People went out into the local community if they wanted to or spent time talking to each other and sitting in each other's company.

Good

Is the service responsive?

Our findings

The service was responsive.

People's care plans contained important information such as their likes and dislikes and information about the individual person. The home used a document called, "About me" which was part of the home getting to know the resident. It included information about where the person was born, their school, family and any children, employment undertaken, life events, holidays that the person used to enjoy, hobbies, interests, dreams and wishes. For example, one person's care plan confirmed they liked to wear night dresses and get up around seven to nine am in the morning. People's care plans gave staff information such as whether they preferred to have a bath in the morning or night.

People's care and support was planned in partnership with them. Each person who lived at the home had an allocated member of staff who was responsible for reviewing the person's care plan. People felt involved in their care planning. One person when we asked them if they were involved in planning their care told us, "Yes I think I have." Another person told us, "I make my own decisions." People had care provided that respected their choice although care plans were not always up to date where people's needs had changed. For example, one person had chosen to stop sleeping in their bed, their care plan still confirmed they slept in their bed. Where the care plan had been evaluated it had identified this changed but the information had not been updated in the person's care plan. This meant that their support plan did not reflect their current wishes relating to sleeping in their chair. Where people wished staff to consult with their closest relative, we found relatives had also been part of the person's care planning. One relative told us, "Yes we have seen [Name of the person] care plan and it has been updated."

The service identified when it was no longer able to meet people's individual needs. For example, where one person required additional staff to support with their nursing care, the service had identified this would be best met in an alternative service. Staff confirmed they went with the person to support their transition into their new home. We also observed staff during the inspection liaised with people's GP's and district nurses when there were changes to people's wellbeing or advice was needed. This meant the service was proactive when people's needs changed to seeking advice and support.

People had access to a complaints policy and felt able to complain should they need to. People told us, "Can't grumble about anything," "No, complaints at all" "No reason to complain" and "No, never had any reason to make a complaint." Records of all formal complaints had been maintained. This showed the complaint and any action taken to address the issue. The home had received various positive compliments and thank-you cards. Compliments included, 'A big thank-you for all your kindness and great care you have given [Name] over the past week. We know how hard you all work but you still manage to smile and deliver a caring and safe environment for all.' Another compliment received was, 'It is so comforting to have experience such genuine care.'

People had access to activities and social events that were important to them. People enjoyed the activities provided. They told us, "Oh yes, exercises to music. Quizzes and we have people coming in to entertain us"

and "Yes sometimes I do exercises to music. And they have people to come in and entertain us every so often". Activities included aerobics, quizzes, bingo, board games and cards, painting and drawing as well as food tasting. There was an activities co-ordinator who worked Monday to Friday who planned activities with people, as well as providing one to one sessions with people. During the inspection we saw people playing cards, undertaking aerobics and participating in a quiz which people enjoyed. Records confirmed if people had participated or declined participating in an activity.

The home had a coffee morning once a month. This was an opportunity for local people to visit and have a coffee with people who lived at the home. Staff felt this was beneficial and enabled people to feel part of the community. They told us, "We have just started having coffee mornings once a month. We hope more people will attend." This meant that people were given an opportunity to feel part of the local community.

People were encouraged to attend resident meetings. These were an opportunity for people to raise and discuss feedback and changes within the home. For example, the activities and meal options. Comprehensive records confirmed that feedback was gained at this meeting. People were able to have telephones in their rooms. There was also a communal pay phone outside the dining area which people could use to keep in touch with their friends and family.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led.

At the last inspection of this service on 9 and 14 October 2015 we found breaches of Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Some aspects of the service were not being well-led. This was because the quality assurance systems were not always identifying areas for improvement and notifications were not being made when required. During this inspection we found some improvements had been taken. For example, we found prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service. We checked these details were accurate during the inspection and they were. This meant the registered manager and provider was ensuring all incidents that occurred had been reported when required.

The home undertook a range of quality assurance checks which identified most areas for improvement. For example, there was a medicines audit and a service quality audit. Both were undertaken each month. We found during the inspection some areas of the quality assurance checks had failed to identify where action was required. For example, we found one person's electronic administration chart did not contain information about medicines the person was allergic to. Where people required prescribed creams to be applied their creams charts were incomplete yet electronic records confirmed they had received them. We also found people who had diabetes and modified diets did not have a support plans in place and diets were not always being modified in line with health care professional's advice. We also found that water checks were not always being undertaken in line with the site log book and temperatures were above the recommended amount. This meant the providers quality assurance systems has missed some of the shortfalls found during this inspection. We fed back our findings to the registered manager, who confirmed they would take the action required regarding to address these shortfalls.

The registered manager undertook a daily walk around. The providers PIR confirmed, this was to 'speak to service users, staff and visitors and monitoring the care of the service users / environment.' The operation's manager was responsible for undertaking sample care plan audits. They also checked catering and food presentation, the home's environment, staff competencies and training, staffing and employee files. They visited the home once a week and undertook these audits monthly. The operation's manager confirmed they attended monthly business meetings which discussed aspects of the service, for example recruitment. The PIR confirmed that a member of staff from the human resources department also attended these meetings along with the operations manager. The registered manager was responsible for reviewing staff rotas and authorising the staffing levels or agency use.

Petersfield residential home had a registered manager who was responsible for managing the home. They were supported by the operation's manager who visited at least once a week and a team of staff which included team leaders, care, domestic and an office administrator and handyman.

People and staff felt the registered manager was accessible and approachable. People told us, [Name] the manager is lovely and very helpful," "They're very good, along with the team leader. Very good," "You can get

to talk to her, they're never too busy to talk." and "Yes, I have met the new manager and they seem quite good." Staff told us, "We get support from [Name], they help out. They are approachable if you have any problems. "More structure and what is expected of us. They are approachable" and "[Name] is very supportive, always there for us. Can always go to them if there are any problems."

Staff felt it was a nice place to work and there was good team work. They said, "I like working here," "I like it here" and "It is lovely. Everyone works hard." The providers PIR confirmed, 'Shaw hold annual Star Awards whereby staff can nominate colleagues for outstanding performance. Shaw conducts and promotes a staff incentive scheme.' The registered manager and operation's manager felt this was important to recognise staff for their hard work.

Staff meetings were held every month. These meetings were an opportunity to make suggestions about the service and give their feedback. Staff had two daily hand over meetings. These were an opportunity for staff to pass on important information and or changes to people care needs or wellbeing. One staff member told us, "We have a handover meeting and we discuss what is happening, like people's diet and health." Staff felt these meetings were important and informative.

People and relatives had their views sought on the care provided at Petersfield. Questionnaires had received positive comments such as staff were friendly and helpful and people were treated with dignity and respect. This meant people had their views sought so that improvements could be made.

The providers philosophy of care was to provide, 'A person-centred individual approach ensures that service user's physical, psychological, social and spiritual needs can be met on an individual basis as far as is possible.' This was confirmed by the home's statement of purpose. A statement of purpose confirms what service the provider plans to offer. The statement also confirmed, 'Interventions and support aims to maintain and promote independence and life skills. Staff encourage service users to be as involved in choosing the lifestyle they wish to follow, for example in the choice of when to get up and go to bed, choice of meals, clothing etc. Care and support are delivered in a flexible, friendly and professional manner aimed at promoting service users, individual autonomy, dignity, privacy, choice, rights, fulfilment and independence.' Staff confirmed this approach. They told us, "It is about giving people choice and their dignity" and "It is a nice home. People are well looked after we cater for all people's needs. It is about what the person chooses."