

Phew Care Home Service

Phew (Scotland) 49 Hope Street
MOTHERWELL
ML1 1BS

Telephone: 01698 404 051

Type of inspection:
Unannounced

Completed on:
29 February 2024

Service provided by:
Phew (Scotland)

Service provider number:
SP2003000240

Service no:
CS2003001225

About the service

Phew is a residential service located in the centre of Motherwell. It offers short breaks to adults with disabilities. Phew has up to 14 places available. People using the service are accommodated in single bedrooms with en-suite facilities.

The provider is Phew (Scotland). Phew's mission statement says it 'offers quality accessible planned and crisis services, to all eligible people with a disability, their families and carers. This service registered with the Care Inspectorate on 1 April 2011.

About the inspection

This was an unannounced inspection which took place between 27 and 29 February 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service and three of their relatives
- spoke with a number of staff and the management team
- reviewed documents
- observed practice and daily life for residents and staff.
- spoke to an external professional

Key messages

- People were very happy with the care and support they received in the service.
- Relatives were very happy with the quality of care provided in, and communication from the service.
- There were some very good activities taking place regularly that people really enjoyed.
- The service should improve its auditing processes and monitoring of infection prevention and control practices.
- The service should audit all areas within the service and produce a detailed action plan to continue to improve the environment.
- The service should further improve the level of detail in its care plans and ensure information is reviewed regularly.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

Our overall evaluation for this key question was good. We found the service had significant strengths in keeping people safe and meeting their needs. There were, however, some improvements to be made with recordings.

People were treated with dignity and respect. We saw caring interactions between people and staff during our visits. Staff knew the residents well and understood how best to support them. We carried out a more formal observation and noted similar caring and supportive interactions. People appeared well kempt, comfortable and engaged well with the care and other staff within the home. Staff we spoke to felt happy in their work and spoke highly of the support they had received from the management. They told us people were cared for to a high standard within the home.

Comments made when speaking to people and their relatives included:

"I love it here"

"I like coming here"

"I like my room here, I've got a comfy bed"

"Everything seems to be fantastic for my [relative] whilst using the service", "when I drop my [relative] off, I never have to worry will [they] be alright"

"My [relative] enjoys Phew and will countdown until their visit"

There were some person-focused activities that took place regularly. Activities included walks around the local area, people involved in arts and crafts, visits to fast food restaurants and tea dances. People had access to a courtyard area that was well appointed and included a fish tank and other sensory water features which promoted calm and relaxation. On occasion, barbeques would be held in this area for guests to enjoy.

Relatives told us they were delighted with the level of care their loved ones received. They also told us there was good communication from staff and they felt assured that when they left their relative at the service, they would be safe. This meant relatives and guests benefitted fully from the respite service provided by Phew.

We noted there were some inconsistencies with some care recordings. Although we were satisfied people were receiving the care they needed we could see in some medication records inaccuracies that had not been identified during the service audit process. These errors presented little, or no risks but it is important that these recordings are accurate to keep people safe and well. Although we were assured care had been given appropriately the service should improve the consistency of these recordings and ensure all staff complete them accurately.

People were offered food and drink in line with their wishes and preferences. The kitchen maintained accurate records of people's nutritional needs and any specific diets or food inconsistencies they needed to keep them safe. If people did not want to eat what was on the daily menu the kitchen would provide them with a preferred alternative. People's choices were established prior to sitting down for their meals.

The service development officer carried out comprehensive surveys on people's satisfaction levels of the service. Any comments made were noted and any suggestions to improve considered. An appropriate action

plan was developed at the completion of each survey to ensure people's views and considerations were responded to.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate because strengths only just outweighed weaknesses.

There was a quality assurance system in place where most key areas of operation within the service were audited to a adequate standard. However, it was not evident that the actions identified from the audit process had been taken forward or followed up as completion dates and appropriate sign off were not evident. This process may need to be more streamlined going forward as a few areas identified as needing to be improved during the inspection had not been identified and documented clearly by the service itself. Discussions were had with the management team about making improvements to their quality assurance activities.

(See area for improvement 1).

The service had an improvement plan in place that highlighted what the service could improve upon. This included actions addressing care inspectorate findings and areas for improvement identified in the service's own assessments. This contained insightful self-evaluation and evidenced that the management team were committed to a culture of improvement. This was a healthy approach which promoted good outcomes for people.

It is important that staff feel included and listened to in efforts to create a relaxed, supportive, and caring environment that delivers high standards of support and care. The management team should consider how it could enhance its methods of engagement with the wider staff team to promote service development and improvement and engage them in regular team meetings. We could see records of some team meetings taking place quite recently at the time of inspection, however, staff attendance was quite low.

It was noted that when senior staff carried out direct observations on staff practice the focus on infection prevention and control (IPC) could have been more robust and cover a wider range of IPC practice. This could have included areas such as handwashing or equipment cleaning rather than noting a brief and occasional focus on personal protective equipment (PPE) use. To the service's credit it had developed this process after a previous area for improvement was made but observations noted since then were not detailed and did not cover other areas of good IPC practice, other than PPE use, that should be embedded within the service. We could therefore not fully meet this previous area for improvement. This area of improvement is repeated in this report.

(See area for improvement 2)

Areas for improvement

1. To ensure all aspects of service provision is monitored and people's health and wellbeing promoted audit processes should be streamlined and made more robust . This process should clearly evidence and document that any actions necessary to improve the service quality are promptly carried out to completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

2. The management team should monitor IPC (infection prevention and control) practices on a regular basis, to ensure that proper use of suitable cleaning products, appropriate and safe use and disposal of PPE is happening.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22) and, "My environment is secure and safe". (HSCS 5.17)

How good is our staff team?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. A lot of staff we spoke to had been in the social care for a number of years and some were only recently recruited and in their first social care post. All staff stated they were clearly happy working in the service. They gave an overall impression of a close team of staff who worked well together so that people experienced a good level of care.

It was evident that staff were subject to a full and comprehensive training package. Staff had completed their training in key areas, such as moving and assisting and adult support and protection where completion rates had been high. The online training system provided reminders automatically to staff members when training was due to expire. The management team maintained good oversight of staff through regular checks on their training system.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. Staff confirmed this in conversations, but some felt there were times during a typical day where an extra staff member may be needed to assist, albeit not to the detriment of people's safety or basic needs being met. It was also suggested that communications with staff could be improved. It is important that managers keep on top of staffing levels and mix of skills to ensure people can be properly looked after. We suggested that staffing levels could be included as an agenda item at future team meetings so this can be discussed openly and any issues resolved as a team.

Staff took part regularly in supervision meetings with a senior member of staff. This is time staff have with their supervisor to discuss practice, development and raise any personal issues that may impact on work. Staff felt these were useful meetings where not only the services', but their needs and issues were discussed and considered. These meetings are important to monitor staff wellbeing and practice to ensure people supported experience a good quality of care and support from a competent workforce.

How good is our setting?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

The home was generally clean, tidy, and free of clutter. There was a housekeeping team who cleaned the service to a good standard and had an established routine. This helped maintain good standards of cleanliness across all communal and personal areas.

The communal areas were welcoming, spacious and tidy. The environment and equipment were cleaned to a

high standard and well maintained. Some areas of the home were decorated to a good standard with recent modernisation of two kitchens, new furnishings, and freshly painted walls. That meant people were experiencing an improving good quality environment.

Some areas of the service, however, appeared dated and tired. We were pleased to see that there was an ongoing wish to refurbish areas of the home. However, this process would benefit from a comprehensive, prioritised, documented action plan as there were a number of areas requiring attention. The service addressed some issues identified at inspection during our visits.

(See area for improvement 1)

There was a large, well-kept enclosed courtyard for people to use. People could independently use the outside area, weather permitting. There was plenty of social space across the home and people chose where to spend their time. During the inspection, a large number of people used a communal lounge to eat breakfast, be together and watch television prior to planning their day of activities.

The home had a maintenance person in place to assist the management team in ensuring any environmental health and safety issues were dealt with promptly. Maintenance records sampled were up to date ensuring that things such as, but not limited to water condition and hoisting equipment were of a good standard and safe for residents to use.

Areas for improvement

1. To ensure a safe and pleasant environment for guests the service should develop a prioritised, documented action plan for improvement works to be carried out across the service within a reasonable, identifiable timescale.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

How well is our care and support planned?

4 - Good

We evaluated this key question as good because strengths in this area outweighed areas for improvement.

Every person living in the home had a personal care and support plan that detailed their care needs for their respite stay. These were updated frequently and available to all appropriate staff. It was noted that some information in the care plans could have been more detailed as staff could describe, verbally, aspects of their support and care practice that could have been more comprehensively described in the care planning documentation. An example of this was how to reassure or de-escalate people when they are stressed or distressed. These areas of support could be improved by explaining in more detail how this was to be done and what was to be achieved. (See area for improvement 1).

People's care plans were subject to annual review meetings (in line with a previous area for improvement) some of which were brief and didn't provide a sense of the person supported and their changing needs. These reviews generally provided some short updates of people's health, wellbeing, and overall experiences. Legislation dictates that care reviews should happen as needs change and on a minimum of a six-monthly basis. It is difficult for a respite service to achieve this as they may not have people stay with them for a long period of time. To resolve this issue and comply with legislation fully the service should carry out a full care review for those people who stay regularly on an ongoing six-monthly basis. Those who stay less

frequently should have a full review completed if their stay is planned to be over six months since their most recent full review. In every case, a full six-monthly review should be supplemented by pre-stay reviews before each and any period of subsequent respite care. (See below area for improvement 2).

Areas for improvement

1. To ensure care plans accurately reflect what should be done to meet people's health and wellbeing needs fully, care plans should provide detailed explanations of complex care and support needs to ensure anyone providing care can do so comprehensively.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure people's needs are fully met and records up to date the service should ensure ongoing six-monthly reviews. This will ensure that a person's stay is within a six month period of the most recent full review. In every case a update review should be carried out before each subsequent stay.

This is to ensure the care and support is consistent with Health and Social Care Standards which state: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12), and, 'My care and support meets my needs and is right for me' (HSCS 1.19).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 28 February 2023, the provider must ensure that people are supported and cared for by suitably competent and qualified staff.

To do this the provider must, at a minimum:

Ensure that all essential checks, which includes seeking a minimum of two appropriate and relevant references, are conducted for potential staff. The provider should use the best practice guidance Safer Recruitment through Better Recruitment to support this.

This is to comply with regulation 15 (a) Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24).

This requirement was made on 7 October 2022.

Action taken on previous requirement

Recruitment processes were reviewed as part of this inspection and we found that all essential pre-employment checks were being appropriately made by the service. We did suggest that gaps in future candidates' employment histories should be routinely interrogated and discussions documented in line with best practice as this had not been documented in our sample review.

Met – within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The management team should monitor IPC (infection prevention and control) practices on a regular basis, to ensure that proper use of suitable cleaning products, appropriate and safe use and disposal of PPE is happening.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and wellmaintained premises, furnishings and equipment". (HSCS 5.22) and "My environment is secure and safe". (HSCS 5.17)

This area for improvement was made on 7 October 2022.

Action taken since then

It was noted that when senior staff carried out direct observations on staff practice the focus on infection prevention and control (IPC) could have been more robust and cover a wider range of IPC practice. This could have included areas such as handwashing or equipment cleaning rather than noting a brief and occasional focus on personal protective equipment (PPE) use. To the service's credit it had developed this process after a previous area for improvement was made but observations noted since then were not detailed and did not cover other areas of good IPC practice that should be embedded within the service. We could therefore not fully meet this previous area for improvement. This area of improvement is repeated in this report.

Previous area for improvement 2

In order for staff recruitment to be led well, there should be a robust and effective staff induction system in place.

This should include but not be limited to;

Clear expectations about staff practice, learning, conduct and registration requirements, checking of learning and understanding, observations in practice and the opportunity to seek and receive feedback and ask questions. This should be completed at timely intervals during a staff member's induction period and signed

off by a competent senior member of the team to reflect that they are able to practice safely in those key areas of service delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24) and

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational code." (HSCS 3.14)

This area for improvement was made on 7 October 2022.

Action taken since then

We saw in the sample of records reviewed that staff were subject to an online induction process that was followed up by professional face-to-face discussions with a senior member of staff to cover all key induction areas. Staff were also subject to a medication competency observation record to ensure competence in this key area of practice. This process was then signed off by the subject staff member, a staff mentor and the management team on completion. This area for improvement had been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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