

Phew Care Home Service

Phew (Scotland) 49 Hope Street
MOTHERWELL
ML1 1BS

Telephone: 01698 404 051

Type of inspection:
Unannounced

Completed on:
6 February 2025

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. There are a range of communal rooms and an enclosed, outside garden area available for people to use. This service registered with the Care Inspectorate on 01 April 2011.

At the time of inspection the service was supporting five people.

About the inspection

This was an unannounced inspection. Inspection visits took place between 09:30 and 15:30 over two days from the 4 and 6 February 2025. 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 and engaged with five people using the service;
- spoke with four relatives of people who use the service;
- 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 we spoke to and observed were happy with the care and support they received in the service.
- Relatives we spoke to were very happy with the quality of care in the service.
- Some service documentation and meetings records could have been completed more consistently and comprehensively.
- The service should continue to carry out its ongoing refurbishment programme and improve people's living environment further.

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?	5 - Very Good
How good is our leadership?	4 - Good
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?

5 - Very Good

Our overall evaluation for this key question was very good. We found the service had significant strengths in keeping people safe and meeting their needs.

Throughout the inspection visit we could see people were treated well and with dignity and respect. We saw caring interactions between staff during our visits to all areas within the home. Staff clearly knew the residents well and understood how best to support them. People appeared well kempt, comfortable, and engaged well with the care and other staff within the home. Staff we spoke to told us people were cared for to a high standard within the home. The relaxed and friendly environment coupled with the very good levels of observed care were clearly benefitting the people experiencing care.

People and relatives who used Phew for respite care told us that they were very well looked after in the service. People supported who responded to our questionnaires commented: 'I feel really looked after here'; 'The staff team get on well with each other'; and 'I feel safe and well cared for at the home'. Relative's we telephoned as part of the inspection were also very happy, comments included: 'Couldn't survive without Phew'; 'They encouraged [my relative] to eat healthily', and 'They are very good, and staff are all very nice and friendly'. A high level of positivity was also reflected in the service's own surveys it had carried out over the previous year. Some people felt, in their comments shared, that they would benefit from more walks, more activities and more outings. This was shared with the management at the inspection feedback meeting. However, the significantly high level of positivity from people we spoke to during the inspection evidenced that people's care was of a very good standard and people enjoyed staying in the service.

We were confident medications were well managed. There was a clear signing in and out procedure. This indicated how much medication was booked in for the stay, how much was used and what was left and to go home again with the person. The medication administration records (MAR) were checked at each shift change to ensure medication had been administered properly and signed for. Where issues arose appropriate external services were contacted for relevant advice. This assured that people received the medication they needed safely throughout their stay.

How good is our leadership?

4 - Good

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

There was a quality assurance system in place in which all key issues within the service were audited to a good standard. It was evident that any actions identified from the audit process were taken forward. It was, however, evident that staff were not always clear on how documentation should be completed. This was evident when sampling care documentation in which inconsistencies in the quality and depth of recording were noted. It was also noted that key documentation was not always completed in detail and clearly and was not always signed and dated appropriately. (See area of improvement 1).

Falls and other incidents within the home were monitored well and notified appropriately to understand people in their environment and help prevent recurrence. The service worked collaboratively with external agencies to meet people's needs well. We received positive feedback from a partner agency about the service's approach to care and the good level of communication. It was remarked upon that the

management's engagement with staff had recently improved and that care and support within the service had, as a result, also improved. Staff demonstrated they worked well together, were led well and had a good knowledge of people's needs and how to support them.

The service had an improvement plan in place that highlighted what the service could do better. This was focused on improvements identified by the Care Inspectorate at previous inspections. It was clear that the management team were committed to a culture of improvement and further guidance was shared about how their current improvement plan could be enhanced to include information gleaned from service delivery. This approach would promote good outcomes for people.

Staff we spoke to felt positive towards the current management in the home. It is important that staff feel included and listened to in efforts to create a relaxed and supportive environment that delivers high standards of support and care. The management team was encouraged to maintain and continue to improve its interaction with staff, so people get the best possible care.

Areas for improvement

1. To ensure accountability and veracity when completing all necessary documentation in keeping people safe and meeting their needs, all key documentation should be completed in detail. All entries should be legible, signed and dated as necessary. This should apply but not be limited to, care plan documentation, care reviews, practice observations, complaints log and care plan audits. Monitoring these entries should form part of the management audit process.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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.

To ensure people supported staff took part in service improvement the service had arranged for staff meetings to take place to discuss service operations and functions. We sampled records of these meetings and found them to be organised and inclusive. These meetings are important opportunities at which all staff in the service can have their voices heard and take part in the service's improvement and quality assurance agenda. It is important that the service promotes participation in these meetings to ensure that the widest range of views, and suggestions can be considered in its improvement. It was noted that although minutes of meetings were written they could be further improved by including a review of previous minutes and an action plan. This ensures that previous discussions are noted and any agreed actions are taken forward and reviewed. This links each subsequent meetings together and assures staff views and agreed actions are taken forward for the benefit of those who use the service (see area for improvement 1).

Staff were subject to regular one-to-one supervision meetings with senior staff. We could see in the records of these meetings that these meetings covered training, staff development and included a review of people the staff members supported as part of the service audit process. Staff also told us these meetings were held regularly and were good two-way discussions about them, their practice and development. This assured us that management systems were in place to ensure staff competence in meeting people's wellbeing needs.

It was clear when interviewing staff that the management team were approachable, supportive and would listen and respond promptly when staff raised concerns. The senior team worked on the floor regularly and agency staff were used when the service was busy, or to cover staff absences. Staffing levels flexed to meet the needs of people staying in the service. Staff informed us, and we could see in the rota system, that staffing numbers would increase or decrease with the numbers of people using the respite service. Staffing numbers would also increase if people's needs dictated that more staff were needed. For example, if someone was particularly agitated or at high risk of falls a 'sleepover' member of staff would be added to the nightshift. Staff and relatives we spoke to informed us that the staff in the service formed close team of colleagues that worked well together. This assured us that there were always a sufficient number of caring and competent staff on shift to meet people's needs.

Areas for improvement

1. To ensure staff input into the improvement of care and support in the service is recognised fully, staff meeting records should include a review of previous meeting minutes. Records should also include an action plan that identifies what is to be done, the owner of the relevant tasks and the timescale for completion. This should then form part of an ongoing review of actions at subsequent meetings to assist in improving people's care and support.

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

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 service 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 were well maintained. Most areas of the service were decorated to a good standard. That meant people were experiencing an improving good quality environment.

A few areas of the service, however, still appeared dated and tired. We were pleased to see that there was an ongoing wish to refurbish areas of the service. There was plan in place and this was being followed. Wet walls were to be installed in some bathrooms as part of the next stage of service improvement. Roof repairs had been completed and some more decoration works were planned to take place. This planned approach ensured people were living in an environment that was well monitored, pleasant and promoted wellbeing.

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 service 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.

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 information in the care plans was mostly quite detailed and provided staff with a sufficient level of information to meet people's needs.

People's care plans were subject to regular review meetings so that the service always had access to updated information that provided a sense of the person supported and their changing needs. Periods between stays could be large so prior to every stay, and in addition to six-monthly reviews, a short review, sometimes conducted by telephone, was carried out with people's carers to clarify and update any changing support needs. These reviews generally provided some short updates of people's health and wellbeing. It was noted that in a few of the reviews sampled the information could have been more detailed, documents were not always dated and were sometimes difficult to read. It is important when completing such documents that they are fully completed, signed, dated and legible so that anyone that needs to read them can understand them and know from which point they are valid. This is captured across all service documentation in an area of improvement made in key question 2 in this report (How good is our leadership?).

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

To support positive outcomes for people experiencing care, the provider should ensure that the risk of falls is appropriately assessed for each person, with measures put in place to reduce and minimise the risk of harm. This should include, but is not limited to, ensuring that people's representatives are informed, and that a post fall risk analysis and risk reduction plan is implemented.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 3 October 2024.

Action taken since then

Everyone that stays at the service was subject to a falls risk assessments that is carried out prior to their stay. This process includes gaining information from relevant sources. We found that any issues arising during a stay were shared with people's representatives appropriately. It was suggested that a further improvement would be relative's/representative's sign off on associated documentation. This area for improvement had ben met.

Previous area for improvement 2

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to people's care and support is responded to appropriately. This should include, but is not limited to, ensuring the services' complaint policy and procedure is implemented when required.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 23 October 2024.

Action taken since then

The service had a complaints log in place. This indicated when complaints were received and summarised the investigation process and resolution of any complaints in line with service policy. It was noted that some entries were not dated when the complaint process was completed. This forms part of an area for improvement made in this report. This area for improvement had been met.

Previous area for improvement 3

In order to ensure people's care and support can be adequately monitored and reviewed, the provider should ensure that daily care notes accurately reflect the care and support which is being delivered. Staff should be aware of their responsibilities in recording the support they have provided and the importance of doing so.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This area for improvement was made on 3 December 2024.

Action taken since then

The daily notes sampled during inspection were of a good quality. Records of meeting with staff also evidenced discussions had by the service management with staff team about the completion of daily notes. This area for improvement had been met.

Previous area for improvement 4

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)

This area for improvement was made on 29 February 2024.

Action taken since then

Audit processes reviewed at inspection evidenced a good level of managerial oversight and prompt action to improve service quality. It was noted, however, that some documentation could have been more detailed and properly signed and dated. These observations form part of an area for improvement made in this report. This area for improvement had been met.

Previous area for improvement 5

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)

This area for improvement was made on 29 February 2024.

Action taken since then

Spot checks, also known as practice observations, were carried out regularly by the management team. These checks included Infection Prevention and Control (IPC) and the use of personal protective equipment (PPE) and also the use of hand sanitiser for each staff member. We could see that PPE stations were in

place with appropriate disposal bins. Staff received mandatory training in IPC. This area for improvement had been met.

Previous area for improvement 6

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).

This area for improvement was made on 29 February 2024.

Action taken since then

There was an environmental action plan in place. There had been significant works completed and some still ongoing to maintain a clean and tidy environment safe for people to live in. This area for improvement had been met.

Previous area for improvement 7

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).

This area for improvement was made on 29 February 2024.

Action taken since then

Care plans reviewed during the inspection evidenced the service recorded a good level of detail to ensure that people's care need can be met. These documents were subject to regular updates and we saw how people's plans had been updated to help manage stress and distressed behaviours involving new up-to-date strategies. This area for improvement had been met.

Previous area for improvement 8

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).

This area for improvement was made on 29 February 2024.

Action taken since then

Reviews of care were taking place six-monthly and prior to any stays. We reiterated the need for the detail in these reviews to be clear, legible and dates entered appropriately. This observation form part of an area for improvement made in this report. This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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