

St Philips Care Limited

Ditton Priors Care Centre

Inspection report

Ashfield Road
Ditton Priors
Bridgnorth
Shropshire
WV16 6TW

Tel: 01746712656
Website: www.stphilipscare.com

Date of inspection visit:
15 November 2023
20 November 2023

Date of publication:
14 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ditton Priors Care Centre is a care home registered to provide accommodation and personal care for up to 23 people. At the time of the inspection 21 people were living there, some of whom were living with dementia.

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

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm. People received safe support with their medicines from staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

There were effective quality monitoring systems in place and the management team had good links with the local community within which people lived.

The provider had systems in place to identify improvements and drive good care.

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

Rating at last inspection.

The last rating for this service was good (published 10 April 2019).

Why we inspected

We received concerns in relation to the management of records at Ditton Priors Care Centre. As a result, we undertook a focused inspection to review the key questions of safe and well led only. At this inspection we did not identify any concerns regarding the management of records.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ditton Priors Care Centre

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

This inspection was carried out by 1 inspector.

Service and service type

Ditton Priors Care Centre 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. Ditton Priors Care Centre is a care home without 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. However, a manager had been appointed and was going through the registration process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided. Additionally, we spoke with 6 staff members including senior carers, maintenance staff, the manager and the regional manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care plans and multiple records of medicines administration. Furthermore, we looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of 2 staff members.

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. At this inspection the rating 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 safe from the risks of abuse and ill treatment. One person told us, "I don't need to worry about any of that. I am looked after just fine and treated with respect."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to pass any concerns to the appropriate agency. For example, the local authority, in order to keep people safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum. One person told us, "There are regular tests to the fire alarms and I know how to get out of here in a hurry if I needed too."
- Risks assessments associated with people's care had been completed. These included risks related to people's skin integrity, diet and mobility.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing assistance.
- People had individual personal emergency evacuation plans in place to direct staff in the event of an emergency.

- The provider completed regular checks on the physical environment to ensure it was safe for people to live in and receive care. These checks included regular fire safety checks, water temperature checks and legionella checks including regular flush throughs of seldom used water outlets. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing legionella. At the inspection the provider was refitting radiator covers to ensure these were safe and protected people from the risk of burns.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them without any unreasonable delay. One person said, "I don't think there is ever a problem with staffing., Sometimes there are a few faces I don't recognise but on the whole there is always someone here who knows me."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using medicines safely

- People received their medicines as prescribed. One person said, "I know what tablets I need to keep me well and I get them when I expect. If I have a headache or something like that I will get some paracetamol."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID 19 pandemic.
- The provider ensured a regular and effective cleaning regime was completed. This included checks to high frequency touch points, like handrails, to ensure they were clean and safe for people.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were reviewed along with body charts to ensure appropriate action had been taken.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A manager was in post and was present throughout this inspection and they had submitted notifications to the CQC when required. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The manager and provider had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.

Continuous learning and improving care

- The management team kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities and feedback the providers operational and estates team.
- The provider had acted on feedback and revised their record keeping to ensure the records accurately reflected the care given.
- The policies and procedures in place reflected the current advice and guidance provided for those supporting people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had a positive relationship with the manager. One person said, "I have known [manager's name] for a few years now. We have a joke and I pull their leg a bit, but they give as good as they get. It's very light-hearted but they are reliable which is what I like."
- Residents and relatives were involved in meetings where they could share their thoughts and feelings. The provider completed yearly satisfaction surveys, although the survey for the year 2022 to 2023 had yet to be completed.
- Staff members told us they found the management team supportive, and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

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 manager and provider were aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local community within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.