

# Phew Care Home Service

Phew (Scotland) 49 Hope Street  
MOTHERWELL  
ML1 1BS

Telephone: 01698 404 051

**Type of inspection:**  
Unannounced

**Completed on:**  
7 October 2022

**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. 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 on 5, 6 and 7 October. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with three people using the service
- two relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- The team at Phew was committed to ensuring people enjoyed fun and varied activities during their stay.
- People felt included in decisions that were made about events and activities on offer.
- The staff and management team listened to people's views and responded appropriately.
- Staff morale had improved.
- The team were working to support people to re-engage in their local community as things reopened following the pandemic.
- The management team were striving to achieve further improvement.

**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?	4 - Good
How good is our staff team?	3 - Adequate
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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were overall well looked after in terms of their health and wellbeing needs. Pre visit reviews were carried out with people's main carers or relatives in advance of their visit in order to ensure the service had up to date information about health and wellbeing needs. This information was being used in order to plan and prepare for people's visits so that their needs could be met. Feedback from relatives was very positive and they told us they felt they were involved and contact was made regularly to update them on anything that may be happening about their loved ones wellbeing during their stay. We observed people's needs being met around communicating with family members while they used the service.

We looked at records of accidents and incidents. These showed that overall actions were taken appropriately to manage such adverse events and prevent them from reoccurring. Recently the service had taken action to reintroduce ABC (Antecedent, Behaviour, Consequence) charts for people who may benefit from these to help inform how best to support and care for people at times of distress or agitation. This meant that the service could be better informed about meeting people's needs.

People were supported to manage medicines safely, this included if they were able to do this independently. There were systems in place to check medication when people arrived and left the service, as well as record keeping on administration and regular audits. We observed staff taking appropriate action to follow up on a possible discrepancy as someone arrived at the service. We observed staff following the correct procedure in terms of checks before administering medication. This helped to keep people safe and well.

People were supported to engage in events, activities and outings that were appropriate to their interests and needs. We heard that people had been supported to celebrate birthdays during their stay, and how people who were new to the service were helped to settle in by receiving responsive person centred support and get the most from their stay. People were supported to develop, maintain and build on relationships with other guests, carers and staff in ways that were relevant and appropriate to them. This made a positive difference to people's experiences. People using the service told us they really enjoyed going there, that the staff were lovely and they liked that they could choose what they wanted to do. This showed how people were receiving responsive care and support.

The service had introduced a new health and wellbeing worker, who visited the service regularly and offered alternative therapies to people. We observed an activity taking place where relaxing music was being played and hand/neck massage was offered. We could see how much people enjoyed this. and the calming, relaxing effect it had on people.

Over the summer people had been able to make use of the service's timeshare lodge. This enabled more people to have the opportunity to enjoy respite in the service that week and meant that people got the chance to have a new experience with familiar staff they associate with their holiday in a safe way.

The service was mostly clean and well maintained. there were a couple of areas that needed to be addressed which included a wall mounted shower seat and some non-lidded bins which we passed on to the manager to action.

Staff were observed to be overall appropriate in their practice in terms of hand hygiene and we noted they were attending to people's personal hygiene hand washing prior to mealtimes which was good practice.

There were systems in place that supported effective cleaning and Infection prevention and control (IPC) practices. However, there was some evidence that these were not always being followed fully as expected and some aspects of safe practice such as the need for lidded bins in some bathrooms had been missed. There was a regular walk round taking place and we advised the manager to expand on some of the detail within this to help catch these aspects by keeping a note of actions noted, needed and completed. We had made an area for improvement about IPC at the last inspection which we have repeated here. See area for improvement 1.

### Areas 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 well maintained premises, furnishings and equipment". (HSCS 5.22) and  
 "My environment is secure and safe". (HSCS 5.17)

### How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People could be assured that there were systems in place to monitor standards of care within Phew. This included audits for key areas including care planning, medication and premises and equipment checks. The service was supported by the board via a management consultant who was very involved in supporting ongoing improvement and developments within the service.

The management team had begun to look at further areas in order to improve experiences for people using the home. This included making improvement to the physical environment, the creation of the wellbeing role and developing engagement opportunities with people who used the service, their relatives and other stakeholders. We will assess how effective these measures are once they have become embedded in practice.

Feedback from relatives and residents indicated that management were very approachable and supportive, and we heard from staff across all departments that they felt valued, included and listened to by the management team. Staff told us they felt that staff morale had greatly improved in recent months.

The service used its recovery action plan as a service development plan and we saw how this had been updated to reflect progress and inputs. We advised this could be further developed to incorporate internal inputs such as the manager walk rounds, environment checks and staff meetings for example. This could

help provide a more concise overview of service progress and necessary actions.

Staff meetings had begun to take place more regularly although work was still needed to set up a plan and programme for these. In the meantime there had been themed group supervisions with staff where aspects of service delivery, care and support were discussed. These offered staff an opportunity to reflect on their practice and learning, and should help embed a learning culture within the service.

We saw how the service responded in an appropriate way to adverse events. This included training being put in place in response to a complaint. This demonstrated that the service was committed to ensuring it continued to learn and improve.

There had recently been an open day event in the service that had been a great success. We discussed with the management team that this was a great opportunity to engage further with people who attended, many of whom had never been in the service before and get feedback or comments that could be used to support ongoing improvement work. The management team planned to do this.

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There had been a significant amount of recruitment of care staff into the service in recent months due to staff turnover. We spoke with new staff members who told us they had been welcomed and were feeling well supported in their roles. We heard how they had been working through inductions to support their learning and practice although the robustness of this was variable. New staff described a much more inclusive and service user focused culture amongst the staff team which was positive.

However, there were some improvements needed with regard to the quality of the induction and the induction process as this had not been well managed. Work was needed to overhaul the existing induction workbook and implement a system so that the induction of staff was effective. This should include regular and recorded meetings with new staff to check in on their progress, understanding and practice in order that they are able to work safely. We have made an area for improvement about this. **See Area for Improvement 1.**

We found that staff had not always been recruited in line with best practice (Safer Recruitment through Better Recruitment) in that the appropriate number or quality of references had not been received. This meant that there was a risk that unsuitable staff could be employed. Whilst the service took swift action to implement a better system for tracking references and requested retrospective references for those staff affected, we have made a requirement about this due to the potential impact on people using the service. **See Requirement 1.**

## Requirements

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).

## Areas for improvement

1. 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)

## How good is our setting?

**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a comfortable, warm and homely environment, with recent and current improvements underway to the kitchen areas and repairs to previously flood damaged parts of the lounge ceiling, following a final fix to the faulty boiler. People were able to sit together to interact with each other and staff, or come and go to their private bedrooms as they wished.

The environment was relaxed, clean and tidy. We noted that in a couple of the bedrooms the carpets were becoming worn and slightly odorous due to some water damage from the ensuite rooms, however the manager had a renewal plan in place to replace these carpets with modern plank style flooring in keeping with the other bedrooms.

People were able to access the garden directly from the lounge. The garden had been well maintained over the summer months and people using the service were able to enjoy the flowers and swing set.

The dining area was well maintained with well spaced and laid out tables, offering a dignified and pleasant dining experience. There was a vending machine in the reception area that people could use if they wished to purchase additional snacks or drinks than those provided by the kitchen. Food was freshly prepared on site and the kitchen was well stocked, organised and clean. Kitchen staff knew people's needs in terms of dietary requirements or eating preferences and worked well with an effective system in place to adhere to these. This helped to enhance people's experience when using the service.

People used the facilities within the service to maximise their stay. This included the use of the snoezelen room, games and cinema room areas. The service has a hydro pool however this was out of use at the time of our inspection due to training needed for staff in applying appropriate chemicals. In the absence of this people were supported to access local leisure pools as appropriate if they wished.

We spoke with domestic staff about the sanitizing of bedrooms in between people leaving and arriving. We heard that a full and robust clean and sanitisation took place however this was not captured on any cleaning records. We advised this could be added to existing records to capture this practice.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Care planning reflected people's needs and outcomes, with clear information in regard to managing behaviours of stress, distress or challenge. The care plans we sampled were in date, up dated with relevant information such as medication changes and contained relevant information on specific needs eg positive behaviour support plans. This helped inform staff on how best to support and care for people.

There was good evidence of pre stay review telephone calls to carers to check for any changes or current needs. Information in care plans was relevant and we observed that staff used this to good effect. We saw an example with one person who was new to the service and staff adapted the mealtime routine to suit their needs and preferences. Work is still needed to fully complete all reviews for every individual who access the service, however they now have an effective structure and system in place and working well to achieve this.

We found that there was a focus on promoting of people's skills and maintaining their independence, whilst balancing their choices to relax and rest on their holiday.

There was work ongoing when we inspected to upskill staff with regard to care planning, recording and documenting care and support and this will be of benefit as the service goes forward which should be beneficial going forward.

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

### Requirements

#### Requirement 1

In order to ensure that people receive care and support that is right for them, meets their needs and wishes and ensures their own and others' safety, the provider must ensure that care plans are appropriately completed, reviewed and updated to reflect people's current needs.

In order to do this, there needs to be a full audit of all care plans for people using this service, with an action plan attached to each care plan that demonstrates what action is needed, in order to bring the care plan up to the required standard, timescales for completion, who is responsible for completion and a signing off section to inform that the necessary actions have been taken. Where possible key workers should be involved in this process, in order to engage them in it and offer them a learning opportunity.

This is in order to comply with Scottish Statutory Instruments 2011/210 5 Personal Plans, which state "a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service, prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met".

This is in accordance with the Health and Social Care Standards 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," 1.19 "My care and support meets my needs and is right for me" and 1.24 "Any treatment or intervention that I experience is safe and effective".

Timescale: To be completed within one month from receipt of this report.

**This requirement was made on 26 August 2019.**

#### Action taken on previous requirement

We found that there was now a system in place to review and track reviews of people's care plans in a much more effective way and this was being used well in order to carry out reviews of care needs, abilities and outcomes with people and their carers as they accessed the service. There was still work to be done as not everyone who used the service previously had been back in order for a review to take place in a meaningful way. Given the nature of the service and frequency with which people use the service this will be an ongoing piece of work and is reflected within the service's development plan.

**Met - outwith 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:

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"My environment is secure and safe". (HSCS 5.17)

**This area for improvement was made on 4 March 2022.**

#### Action taken since then

There were forums for staff team inputs and discussions that had started prior to the inspection that we saw were a positive way of ensuring that team communication, learning and appropriate practice continue to take place.

Staff supervisions focused on codes of practice, health and social care standards and gave staff an opportunity to reflect on their practice. There were some direct observations of staff practice although these had tailed off in recent weeks.

A regular manager walk round was happening but it lacked structure of, or record of actions note, needed or completed and we advised that this needs to be evidenced in order to support continuous improvement and good practice.

This area for improvement has been repeated. See Area for Improvement 1 under How well do we support people's wellbeing?

#### Previous area for improvement 2

The provider should ensure each person who stays at Phew has at least an annual formal review of their care and support needs and wants. The person, their carers and all professionals concerned should be invited with absences and apologies minuted.

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).

**This area for improvement was made on 20 August 2018.**

### Action taken since then

We found that there was now a system in place to review and track reviews of people's care plans in a much more effective way and this was being used well in order to carry out reviews of care needs, abilities and outcomes with people and their carers as they accessed the service. There was still work to be done as not everyone who used the service previously had been back in order for a review to take place in a meaningful way. Given the nature of the service and frequency with which people use the service this will be an ongoing piece of work and is reflected within the service's development plan.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - 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?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
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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