

Key inspection report

Care homes for adults (18-65 years)

Name:	Perrymans
Address:	56a Abbey Road Barkingside Ilford Essex IG2 7NA

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Sandra Parnell-Hopkinson	0 6 0 7 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Perrymans
Address:	56a Abbey Road Barkingside Ilford Essex IG2 7NA
Telephone number:	02085181058
Fax number:	02085181058
Email address:	perrymans@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 6		
The registered person may provide the following category of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD		

Date of last inspection									
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Brief description of the care home

Perrymans is a home for six adults with severe learning disabilities and associated physical disabilities. People who live in the home have little or no verbal communication skills, and very limited ability to make decisions about their lives. They all need a lot of support from staff for every aspect of their daily life. The home has been purpose-built on one level and is accessible to wheelchair users throughout. The house is in Newbury Park close to bus routes, underground station and local shops. Bathrooms and toilets are adapted to be suitable for people with limited mobility or physical disabilities. Each person has their own bedroom that is decorated and personalised according to their preferences. There is a lounge/dining room and a paved

Brief description of the care home

garden with an area especially designed for people who have sensory impairments.

All referrals for vacancies are made to the Learning Disability Partnership operated by the London Boroughs of Redbridge and Waltham Forest who block purchase all of the beds at this home.

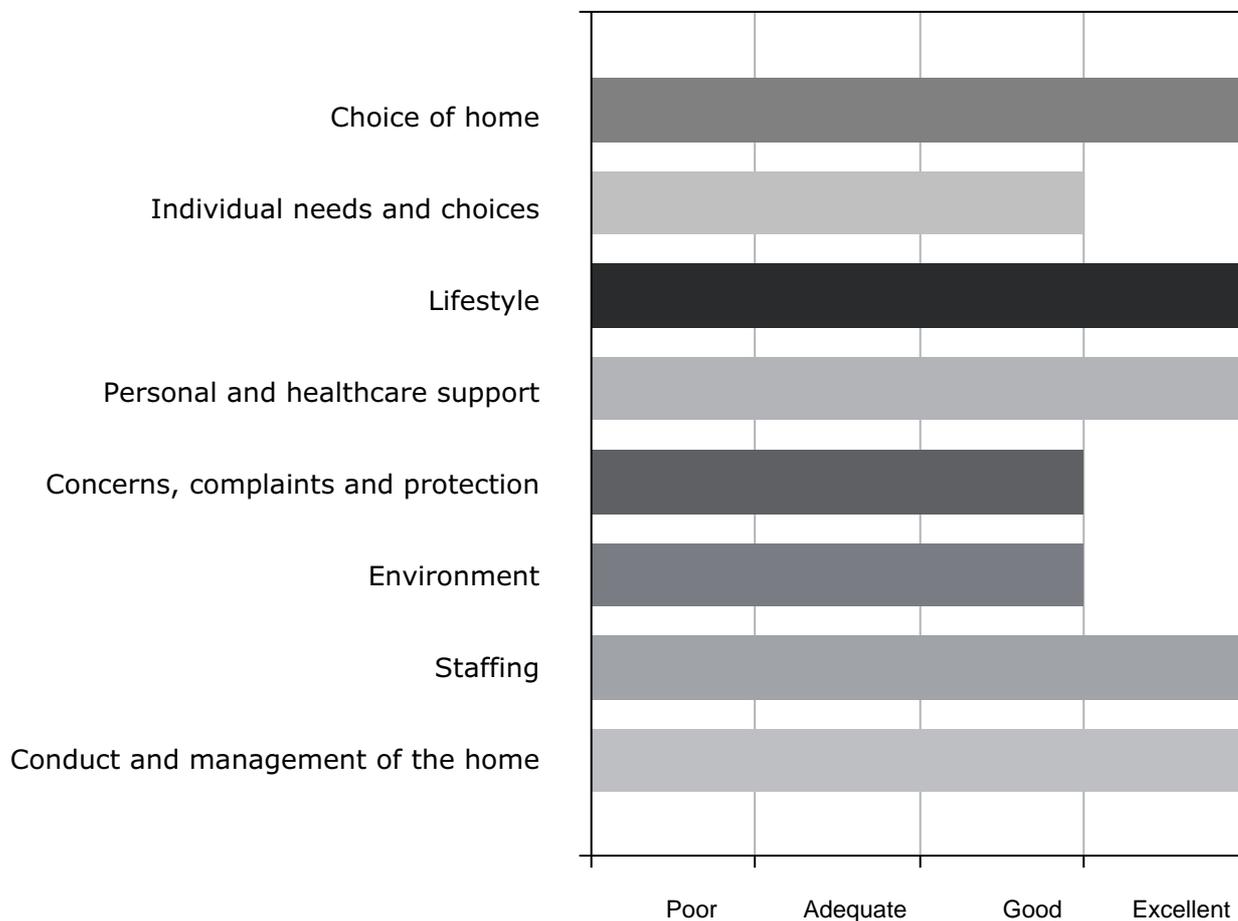
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

We arrived at the home to do an unannounced inspection at 09:15 hours on the 6th July 2009, and left the home at 16:30 hours on that same day. We looked at a variety of records, case tracked several residents, spoke to the manager, regional manager and staff and observed service users. This was because all of the service users are non-verbal, have very high needs and because the inspector has insufficient knowledge of the communication needs of the residents, meaningful communication was not possible. Information was also taken from the returned annual quality assurance assessment (AQAA), notifications sent to us by the service, a conversation with a social worker from the funding authority

What the care home does well:

The service provides 24 hour care for residents who have very complex and a high level of care needs. Residents are currently all non-verbal and it is essential that the staff have the skills, knowledge and understanding to ensure that they are able to communicate with residents in order to provide care in accordance with the choices and needs of the individuals. During the inspection process this was demonstrated to a very high standard.

Care is given in a person centred way and staffing levels are such that this can be delivered. Where the needs of a resident indicate that additional staff are necessary, then the staff rota is adjusted accordingly. As far as is possible staff enable residents to take control of their lives, and the issues of equality and diversity are a priority within the service. Service users benefit from a stable workforce who meet the health and personal care needs of the residents in a person centred way. All residents have a personal care plan, a communication passport and a health action plan. The communication passport accompanies the individual on visits to health/social care professionals to ensure that those people understand the communication needs of the individual. End of life care at the home is of a high standard as evidenced from a letter sent by a recently bereaved family.

The home recognises the importance of residents maintaining close contact with families and friends and makes every effort to ensure that these contacts are developed and maintained.

Effective staff training and supervision is seen as essential by the organisation, as is the involvement of service users in the future direction of the service.

The manager deals with complaints in an open and transparent way and there are no safeguarding issues at the home. The manager is effective and competent to run this excellent service.

Feedback from the funding authority is that they are very pleased with the service.

What has improved since the last inspection?

All residents have a contract/tenancy agreement. All necessary risk assessments are in place and these are regularly reviewed. Activities within the home have improved and these continue to be reviewed in line with the needs and wishes of the residents.

The requirements made at the last key inspection around medication administration and recording have been complied with.

Staff have undertaken initial training in the Mental Capacity Act 2005, and further training is programmed together with training in the Deprivation of Liberty Safeguards.

What they could do better:

The daily diaries for all of the residents should be more reflective of the outcomes identified in their personal care plans and health action plans.

Some further improvements to the medication administration to be made as identified

in this report around PRN (as required) protocols, two signatures on hand written entries and the actual dosage recorded when the medication could be 1 or 2 tablets.

To enhance the independence of the residents, the use of independent advocates would assist in this process, and perhaps give residents more confidence to express any dissatisfactions. This fact has been identified as an area for improvement by the service in the returned AQAA (annual quality assurance assessment).

The statement of purpose is being reviewed and when finalised a copy to be sent to the Commission.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective residents and their representatives have the information needed to choose a home that will meet their needs.

Evidence:

Significant time and effort is spent planning to make an admission for a new resident personal and well managed. A recently admitted resident was able to visit the home over a period of time, spending both day and overnight visits to the service. This gave the new resident time to get to know the environment, residents and staff and for them to get to know the new resident. It also gave the staff more opportunities to complete a full and detailed assessment to ensure that the service could meet the person's complex needs. Information is gathered from a range of sources including other relevant professionals, both health and social care, and also family members. The assessment focuses on achieving positive outcomes for people and this includes ensuring that the facilities, staffing and specialist services provided by the home meet the ethnic and diversity needs of the individual. The service puts a high value on responding to individual needs for information, reassurance and support.

Evidence:

Information is given to the residents in formats which they are helped to understand, and this can be in pictorial, non-verbal communication such as Maketon or other signs relevant to the individual.

The service does have a statement of purpose which is currently being reviewed, and a copy will be sent to the Commission once the review has been completed.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals are involved in decisions about their lives, and as far as is possible play an active role in planning the care and support they receive.

Evidence:

As far as is possible individuals are involved in the planning of care which affects their lifestyle and quality of life. In discussions with staff they demonstrated the importance of residents being supported to take control of their own lives in as many ways as is possible. With appropriate and necessary support residents are encouraged to make their own decisions and choices, within a risk assessment framework which is positive in addressing safety issues while aiming for improved outcomes for people. It was apparent that staff took a lot of time in getting to know the different communication methods of the residents, all of whom are non-verbal.

The care plans viewed were person centred, had been reviewed on a monthly basis, and agreed with the individual resident and/or family or other representatives. Plans were in a pictorial format so that they were easier for the individual to understand,

Evidence:

again with support from his/her key worker. The plans were generally comprehensive and contained a range of information including risk assessments, individual goals and aspirations and health care needs. However, we did not find a night care plan and although we are confident that the needs of all residents are being met during the night, a night care plan is an important addition to the overall personal care plan. We did discuss this with the manager and the regional manager during the inspection, and are assured that these plans will be developed with the individual resident.

The manager and his staff were able to demonstrate an awareness of current policy issues and good practice developments and wherever possible this thinking is put into daily practice within the service. At the forefront of practice in this home is the need to ensure that the rights of residents to having their confidentiality respected is adhered to, and residents can access advocacy services for support where necessary.

Residents' meetings are held so that residents can influence the direction of the home, and the organisation also holds a service user council so that service users can influence the overall direction of the company.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use services are able to make choices about their life style as far as is possible, and are supported by staff to develop their life skills and take part in social, cultural and recreational activities.

Evidence:

The residents at this home have complex needs and are very dependent. However, central to the home's aims and objectives is the promotion of the individual's right to live an ordinary and meaningful life as far as is possible. The staff were able to demonstrate an understanding of, and were observed to actively promote the importance of respecting the human rights of the residents with fairness, equality, dignity and respect. All residents have a personal care plan which covers lifestyle wishes. A daily diary is maintained for each resident, but we would recommend that the daily recordings are more reflective of the outcomes identified in the personal care plans. Various ways of doing this were discussed with the manager and the regional

Evidence:

manager during the inspection, and this will be progressed following further consultations within the organisation.

Routines of daily life are flexible to suit the individual needs of the residents. For example one resident who attends a day centre does not react well to being rushed. Therefore, the manager has arranged that the pick up time is much later so that the resident can have plenty of time to get up, have breakfast and medication and then a period of relaxation before the transport arrives.

On the day of the inspection two residents went to a day centre and three residents remained in the home. They were observed to have good interactions with the staff and were involved in some activities in accordance with their wishes. Residents have access to the kitchen area and, with staff support, are able to have drinks and snacks as desired.

Residents are encouraged to develop and maintain important personal and family relationships. Family members are welcome to visit the home at any time, and recently a birthday party was held at the home for the parent of one of the residents. Residents are also encouraged to visit family at home, and several of the residents do visit family for a weekend. The home now holds music therapy sessions which are enjoyed by many of the residents, and people from other care homes are also invited to participate. Massage and aromatherapy sessions are also enjoyed by the residents. The home is planning to build a sensory room and this is currently being progressed through the organisation. Visits have been made to theatres, pubs, shops and all residents enjoy an annual holiday. The staff costs of the annual holidays are met by the organisation, with the resident paying for his/her own holiday. Festivals are celebrated at the home, and also annual events are held by the organisation for all of its service users and staff.

Sadly last year a resident who had been at the home for many years passed away, and the funeral and tea were arranged by the home. A letter from the family read "I just want to thank you for the beautiful send off you arranged for J, especially as it was also a sad time for you. I would also like you to thank all of your staff for the care and love they all gave to J. Also for the lovely spread you put on afterwards." Another letter recently received by the home read "We would like to thank you all for the loving care given to our sister during the 12 years she spent at Perrymans. We believe this to have been the best years of her life and we would like to donate her blue chair to Perrymans in loving memory of our dear sister."

Where possible, and appropriate, residents are involved in the daily routines of the

Evidence:

home. They are involved in menu planning, and the menu is varied with a number of choices. Meals are balanced and nutritious and cater for the varying cultural and dietary needs of the individuals. We observed breakfast and staff were sensitive to the needs of those residents who found it difficult to eat and assistance was given in a manner and pace suited to the needs of the individual residents, making them feel comfortable and unhurried.

The home does have a minibus, and the running and maintenance costs for this vehicle are met by the residents, whilst the annual road tax and insurance costs are met by the organisation. Although all of the residents and/or their families have agreed to this outlay, it does need to be included into the statement of purpose, and perhaps a more structured contribution system developed. This should help to ensure that there are no sudden large contributions required in the event of a major problem with the vehicle. This was discussed during the inspection, and the organisation will be reviewing the contribution system and the statement of purpose.

The staff practices promote individual rights and choice, but also consider the protection of individuals in supporting them to make informed choices. All of the residents require assistance with communication, and the staff team actively assist with this to enable residents to fully participate in daily living activities. All residents have a communication passport which accompanies them when they leave the home.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice.

Evidence:

We are confident that all residents receive effective personal and healthcare support using a person centred approach with support being provided based upon the rights of dignity, equality, fairness, autonomy and respect. Such care is delivered through a skilled, trained and knowledgeable staff group who work in a person centred way. Because of the complex needs of the residents, staff are acutely aware that the way in which support is given is a key issue for the residents. Individual plans clearly record the personal and healthcare needs of the residents, and detail how these will be delivered.

Staff ensure that care is person led, personal support is flexible, consistent and meets the changing needs of the residents. In discussions with staff they were able to demonstrate expert knowledge about the individual personal needs of residents when providing support, including intimate care. The staff group is such that residents have choice around male or female staff in the delivery of personal care, which is conducted

Evidence:

in private and at a time and pace directed by the person receiving the care.

All residents are registered with a local GP, and receive services from a dentist, chiropodist and optician and also evidence was seen of referrals to other specialist health/social care professionals. One resident will be going into hospital for an operation, and staff will ensure that he is accompanied by one of them who will stay at the hospital until after the operation and see that he is safely back on the ward. They will ensure that all relevant information is taken with him, including his communication passport.

Staff are very alert to changes in mood, behaviour and general wellbeing and fully understand how they should respond and take action. A resident appears to adversely react to loud music or high pitched noises and the manager will be making a referral to the GP for a further referral to an audiology service. Staff were observed to be proactive in ensuring the correct resting positions for residents who remain immobile for long periods of time, and currently no residents have any pressure ulcers.

Staff are also very aware of the changing needs of some of the residents due to the ageing process which can be more complex in people with a learning disability and related health matters.

Aids and equipment are generally provided by the service to encourage maximum independence for people using services. However, one resident did recently contribute towards a specialist bed which was necessary because of his healthcare needs. We did discuss this with the manager and the regional manager during the inspection, and it is hoped that a reimbursement can be made. Assistive technology is in use in the home, and this has been beneficial for those residents where it is used, because they no longer have sleep disturbed by opening the bedroom door because the new technology alerts staff if a resident is incontinent or have an epileptic seizure. Bedroom doors are not currently fitted with magnetic door closures activated by the fire alarm, and therefore cannot be left propped open. The service is currently looking at the use of some form of assistive technology for an individual resident who prefers the door left open. Failing this the service will look at installing a door closure which can be activated by the fire alarm.

All of the staff involved in the administration of medication have been trained and have the relevant certificate. The policy and procedures of the service require that the administration of medication is witnessed by a second member of staff, and this was evidenced during the inspection process. Medications are checked at every shift handover, as are the medication records. Medication administration records (MAR)

Evidence:

were checked and found to be in good order as was the storage of medication. However, we would recommend that where the prescription is for 1 or 2 tablets, or for 5ml. or 10ml. to be given, then the actual dosage administered be recorded on the MAR. Also where handwritten entries are made of prescribed medication, then two signatures be obtained to ensure that the correct transcription has been made, and also where medication has been stopped then the source of the directive be recorded together with the date. Although staff were aware of when to administer PRN (as required) medication, it is good practice to have written protocols for the use of all PRN medications. We did discuss this with the manager during the inspection, and are confident that these recommendations will be put into place. All requirements made at the last inspection around medication administration have been complied with.

The service is highly efficient when caring for residents who are terminally ill or dying. The wishes of the individual are discussed, where possible with the resident, and/or his/her family and this information is used to develop a person centred plan of care. Staff are proactive and are sensitive to the particular religious or cultural needs of the resident and family. The service ensures that staff receive the necessary training, and some have attended palliative care training. Practice training and support is available to help staff when caring for residents with degenerative conditions, terminal care and death. Care staff work to a very high standard and constantly monitor pain, distress and other symptoms to ensure that the care needed by an individual is given, and this is with the involvement of the GP, district nurses, other healthcare professionals, family and friends. As previously stated the home received a letter of thanks from the family of a recently deceased resident, which read "I just want to thank you for the beautiful send off you arranged for J, especially as it was also a sad time for you. I would also like you to thank all your staff for the care and love they all gave to J. Also for the lovely spread you put on afterwards."

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are able to express their concerns, but some may require the support of an independent advocate. Residents do have access to a robust and effective complaints procedure and are protected from abuse.

Evidence:

Although the home has an open culture that allows residents to express their views and concerns in a safe and understanding environment, the service recognises (as indicated in its returned annual quality assurance assessment (AQAA)) that there is a need to involve independent advocates to assist residents. There have not been any formal complaints made since the last key inspection. In discussions with the manager he demonstrated a positive approach to complaints, and that outcomes would be used to improve service delivery.

The service does have a complaints procedure that is clearly written and is available in other formats including a pictorial format, but as previously stated residents at Perrymans have very complex needs and are non-verbal. Some families are very involved in the care of relatives and can advocate on his/her behalf, but this independent support is not available to other residents who require a great deal of support, especially if wanting to make a complaint.

All staff have received training in safeguarding and this is updated annually to ensure that current good practice is being implemented. We spoke to staff who were able to

Evidence:

demonstrate a clear understanding of what safeguarding was, and that they knew when incidents needed external input and who to refer the incident to. Currently there are no safeguarding issues at this home.

There is a clear system for staff to report concerns about colleagues and managers, and staff that bow the whilst on bad practice would be supported by the organisation.

Staff were able to demonstrate what restraint was and alternatives to its use in any form are always looked for. Equipment that may be used to restrain individuals such as bed rails, keypads, recliner chairs and wheelchair belts would only be used when necessary and within a risk assessment framework following consultations with the individual and/or family/representative and health/social care professionals.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The physical design and layout of the home enables residents to live in a safe, well-maintained and comfortable environment.

Evidence:

We undertook a tour of the home and found it to be clean, free from offensive odours, well decorated and furnished.

All bedrooms that were seen had been personalised by the individual resident, and residents were involved in the colour schemes for their rooms where they had been redecorated. The annual quality assurance assessment (AQAA) tells us that residents have a key to their bedrooms and also the front door of the home. Aids and adaptations generally, and within bathrooms and toilets, are appropriate to the needs of the residents.

The kitchen and lounge/dining areas were clean and tidy and some new sofas has recently been purchased for the lounge. There is not a separate lounge so that residents could receive visitors in private, and would need to use their bedrooms.

The service has a good infection control policy and advice is sought from external specialists where necessary. A recent visit was undertaken by a local environmental

Evidence:

health officer and the home was awarded a 5 star rating, and a visit by the landlord also gave an excellent report for the environment.

On a weekly basis staff undertake a walking route around the home to identify any health and safety issues which need referral to other agencies.

The external areas were tidy, and the garden was well maintained with lots of summer flowers and a seating area for residents. There are plans for the building of a sensory room within the garden area, and these are being progressed by the organisation.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff in the home are trained, skilled and in sufficient numbers to support the people who use the service. Residents benefit from robust recruitment processes which aim to protect them from abuse.

Evidence:

From discussions with staff and viewing records we are satisfied that the service has a highly developed recruitment procedure that has the needs of residents at its core. The recruitment of good quality care staff is seen as integral to the delivery of an excellent service. The service is highly selective, with the recruitment of the right person for the job being more important to the filling of a vacancy. Wherever possible the organisation involves service users in the recruitment of staff and, where necessary, are given training and support to do this.

Currently staffing levels are appropriate to support the needs and activities of the residents in a person centred way. Where individual needs direct, staffing levels are increased for example for planned outings, or a stay in hospital or if a resident is ill and requires more 1:1 support.

Staff turnover is low and this provides for consistent care to residents who have very complex needs, and it is essential that care is delivered by care staff who really know

Evidence:

the individual residents.

Management prioritise training and ensure that staff members are enabled to undertake external qualifications. 99% of the staff are trained to NVQ level 2 and many staff have been trained, or are training, for the NVQ level 3. The organisation has internal developmental training to complement formal training as part of an ongoing training plan. Recent training has included mandatory training, Mental Capacity Act 2005, palliative care and all staff have been trained as first aiders which ensures that there is always a qualified first aider on duty in the home. Training is targeted and focused on improving outcomes for the residents and staff told us that training within the organisation is very good.

Staff told us that they support each other and were clear as to roles and responsibilities. During the inspection we were able to observe that staff were very skilled in their role, that they knew and understood the residents and met the needs of the individuals in imaginative ways.

The manager and staff were able to demonstrate a good understanding of equality and diversity issues and this is reflected throughout the service.

New staff go through an induction programme which is robust to ensure that new staff are fully aware of what is expected of them in a person centred service. From time to time a student on work experience is able to work at the home, and one recent student wrote "I am writing to thank you very much for the opportunity to work with you during my experience for the past few months. I really enjoyed my time with you and found the work interesting and beneficial. I especially enjoyed learning about communication and how to meet service users' needs. I am happy to say that you were right when you said on my induction day that I will be surprised to see how much I would learn from the service users. My time with you will be very helpful and relevant to my career. Please pass on my regards to everyone who made my time with you so worthwhile and my love to all of the residents who touched my heart so deeply. I am going to miss you all so badly."

Currently formal supervision is undertaken on a 1:1 basis each month. However, other supervision such as direct observation of care practices and group supervisions also take place. These other supervisions should be formalised and perhaps with a reduction in the number of 1:1 sessions, this would give even more quality time for staff to spend with residents.

All staff spoken to understood the specific nature and uniqueness of the home, its

Evidence:

aims and objectives and how care should be delivered to ensure that the highly dependent residents enjoyed a quality service.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management and administration of the home is based on openness and respect, has effective quality assurance systems implemented by a competent manager, and developed by a competent organisation.

Evidence:

The registered manager has the required qualifications and experience and is highly competent to run the home so that it meets its stated aims and objectives. The manager demonstrated a sound knowledge of the organisation's strategic and financial planning systems and how the operational plan for the home fitted in with the overall aims of the organisation.

In discussions with the manager it was evident that he had a clear sense of direction, and had a sound understanding and application of 'best practice' in relation to continuous improvement, person centred care, equality and diversity and the rights of the individual.

An awareness was demonstrated of current legislation including the Mental Capacity

Evidence:

Act 2005, Deprivation of Liberty Safeguards and the newly formed Care Quality Commission. MCH have robust quality assurance procedures in place to ensure that the home continues to achieve its aims and objectives in serving the best interests of the residents. Such measures include various audits, reviews, management meetings, a service user council, satisfaction surveys and the unannounced monthly visits undertaken in accordance with Regulation 26 of the Care Homes Regulations 2001.

The manager ensures that staff follow the policies and procedures of the home and the organisation ensures that such policies and procedures are reviewed annually or more frequently in line with changing legislation. The manager operates an open door policy and the ethos of the home is open and transparent with the views of residents, relatives and staff being listened to and valued. The AQAA (annual quality assurance assessment) was returned as requested, but this could have been more detailed to reflect the excellent service being provided at Perrymans.

The home has efficient systems to ensure effective safeguarding and management of residents' money and valuables, and records views evidenced this. However, the manager does act as the appointee for 3 residents and although this has not been commented upon in previous inspections, it is not viewed as good practice. This was discussed during the inspection with both the manager and the regional manager, and arrangements will be made for the appointeeship to be taken over either by the organisation or the funding authority.

The working practices in the home are safe and there are no preventable accidents. Any concerns are notified to the Commission as required under Regulation 37 of the Care Homes Regulations 2001. The manager and staff have a good understanding of risk assessment processes which is underpinned by the promotion of independence, choice and autonomy. These principles are taken into account in all aspects of the running of the home. There have not been any referrals under the Deprivation of Liberty Safeguards.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	22	21	<p>The registered person shall ensure that the complaints procedure is appropriate to the needs of service users.</p> <p>Because of the complex needs and non-verbal communication of residents, the service must ensure that all residents have access to independent advocates to assist them through the complexities of making a complaint. The absence of this has been recognised by the service in its AQAA.</p>	31/08/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	6	The development of written night care plans are recommended to ensure that new staff and/or agency staff are aware of the needs of the residents.
2	20	We would recommend that where the prescription is for 1

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		or 2 tablets or 5ml or 10ml medication to be given then the actual dosage be recorded on the MAR. Also where handwritten entries are made onto the MAR, then two signatures be obtained to ensure that the correct transcription has been made, and that protocols be written for the administration of PRN (as required) medication.
3	41	We would recommend that the current appointeeship for 3 residents held by the manager is transferred to either the organisation or the funding authority, as good practice.

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