

Heart of England Properties Limited

Perton Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 31 October 2017 and was unannounced. The service was registered to provide accommodation for up to 50 people. At the time of our inspection, 50 people were using the service. Perton Manor is divided into two wings; the east wing accommodates people with complex mental health needs, the west wing accommodates people who are living with dementia and may have physical care needs and/or nursing needs. On our previous inspection on 30 March 2016 we rated the service as Good in all areas. On this inspection the service remains Good overall although Requires Improvement within our question, 'Is this service effective?'

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People made everyday decisions about their care and staff helped them to understand the information they needed to make. However where people were unable to make decisions, how their capacity was assessed was not always clear and some decisions were being made by relatives when the person may have been able to make these decisions themselves. People had meals and drinks served using a dementia range crockery made from plastic. Although other ranges were available, people were not offered a choice of using standard crockery and cutlery.

People felt safe and where risks associated with their health and wellbeing had been identified, there were plans to manage those risks. Where restrictions to people's liberty had been identified, an application to make this lawful had been made. Staff were trained in safeguarding and understood how to recognise and report any abuse. People received the right medicines at the right time and medicines were handled and managed safely.

Staff had the skills and knowledge to provide care for people and knew people well. People had a choice of what to eat and drink and specialist individual diets were catered for. The staff liaised with health care professionals to ensure that people received the specialist care they needed. People's support plans reflected the care and support they needed and included advice from external professionals.

People had developed respectful relationships with the staff who were kind and caring in their approach. People's privacy and dignity were respected and they were supported to be as independent as possible. People were supported to maintain relationships with people that were important to them and visitors were welcomed at the home.

People were able to take part in meaningful activities. The staff had thought of different ways people could express themselves and be involved in activities in the home and when out. People were encouraged to complain or raise concerns, and these were resolved to ensure improvements within the service.

There was strong leadership which promoted an open culture and staff understood their roles and responsibilities which helped the home to run smoothly. People could share their views about the service and this was used to understand what people liked and where improvements were needed.

The registered manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us and kept us informed us important events that happened at the service.

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.

Staff knew how to protect people from abuse and how to report their concerns. People's risks were assessed and there were individual management plans in place to keep people safe. There were sufficient numbers of suitably recruited staff to meet people's needs. People's prescribed medicines were managed and administered safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to make decisions for themselves. However the capacity assessments did not relate to specific decisions that needed to be made. People's dignity was not always respected at meal times as everyone ate from a dementia range crockery made from plastic and were not provided with a choice. Staff knew how to support people and ensured that their health and wellbeing was maintained. People were involved in ensuring that they had their nutritional needs met.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected and people were supported in a kind, patient and respectful manner. Staff demonstrated a genuine interest in people and valued their company. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned

with them. People's interests and life histories had been recorded so that staff could understand people's needs and personalise people's care. People had a range of activities they could be involved with that had been planned according to their interests. People's views were listened to and acted upon by staff.

Is the service well-led?

The service was well led.

There was an effective quality assurance system in place and the registered manager was proactive in seeking out ways to improve. Staff were supported to improve their practice across a range of areas and understood their roles and responsibilities.

Good ●

Perton Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 31 October 2017 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people and people living with dementia.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with nine people who used the service, six visiting relatives and one health care professional. We also spoke with the hotel services manager; hotel services lead, the training manager, wellbeing manager, two care team leaders, one nurse, and five care staff, the home manager and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We also spoke with commissioners of the service and members of the safeguarding team. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care plans of eight people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited. We also checked the training records to see how staff were trained

and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Staffing levels were organised according to the dependency and needs of each person. Some people had complex behaviour and needed individual support to ensure their safety. We saw where this was needed, people were not restricted and some people were supported at a distance so that staff did not encroach on their personal space. One member of staff told us, "Some people may need one to one support because they may harm others or because of the risk of falling. We are always with them but this doesn't mean we restrict them in any way. If we see people are becoming anxious because we are there, we can move back or another member of staff starts to provide the support." Another member of staff told us, "It can be very intense for the person to know we are always there so having a rotation of staff throughout the day helps them. We can talk about different things and get involved in different activities."

Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce risk of harm. The staff recognised how people's behaviour may change when they became anxious and one member of staff told us, "We have to be aware of the little things, someone may start tapping their leg or walk around more. We work closely together to recognise what may upset people so we can support them in a way that helps them to keep safe." The care records contained risk assessments that were proportionate and included information for staff on how to reduce identified risks while avoiding undue restriction. The staff knew the agreed strategies to help people manage their anxiety and we saw staff only intervene where people may have been at risk of harm.

The staff understood how to protect people from harm. The staff recognised and were able to describe different types of abuse and what action they would take if they observed an incident of abuse or became aware of an allegation. The staff told us they felt all the team would recognise unsafe practice and report this. Where incidents had occurred which could mean people were at risk of harm, the registered manager had raised this with the local authority and us to ensure this could be investigated.

The home had been designed to support safe movement around the building and that there were no obstructions. The corridors were wide enabling people to pass each other and there were handrails. The bathrooms were well managed to promote the control of infection and one relative told us, "The bathrooms are always spotless; I have to give them credit for how well they keep the home." We saw that the last environmental health inspection had recognised very good practices. The latest food hygiene rating was five which is the highest available on a score from one to five.

People received their medicines as prescribed and were given time to take them. We saw staff sit with people and explain why they needed to take their medicines. All medicines were recorded on receipt and administration and were audited throughout the month. Medication systems and records monitored whether people had their medicines. An accurate record of all medicines stored in the home was maintained. People had their medicines regularly reviewed with their doctor to ensure they were still suitable and safe for current needs. One member of nursing staff told us, "We are working with the doctors to make sure people only have the medicines they need."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

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 or themselves. The Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw where people lacked capacity to make decisions; a general capacity assessment had been completed. The assessment included where people no longer had capacity for all areas of their support, although it did not include information about how people's capacity had been assessed in all the areas that were covered. We saw that best interest decisions had been made with people who were important to them and this had been used to develop the support plan. However, capacity for other decisions had not been considered. For example, family members had been asked for their permission for people to have the flu injection. A capacity assessment had not been completed to demonstrate whether people needed others to make a best interest decision on their behalf. The registered manager agreed that assessments needed to be completed that were time and decision specific and would review this. Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for.

People could choose how to spend their time and were offered choices and staff gained consent from them before providing care. When people were being supported to move, we heard staff ask for their consent before walking or being supported to move in their wheelchair. One member of staff told us, "It's important that people remain in control and we always ask what people want to do and whether they are happy."

People had meals and drinks served using a dementia range crockery made from plastic. Staff explained that this was due to identified risks and where there was no risk associated with eating or drinking or complex behaviour they could use ordinary equipment. The registered manager confirmed that other types of crockery were available for people to use, including using cutlery designed for people who had difficulty swallowing. However, we saw that people didn't have a choice and everyone used this dinner service even when they needed support to eat or drink. One relative told us, "They need help to eat and this takes time and the plastic plates don't hold the heat in the food so it goes cold very quickly." We saw another relative bought in their own cutlery and they explained, "The plastic ones are too big."

People could choose what meal they wanted from the menu and the dining areas were currently being redecorated and new clearer menu boards had been designed. People told us they enjoyed the food and we saw this was pleasantly presented. Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours. People were weighed regularly where there were concerns. We saw people had nutritional supplements or a thickening agent was used in people's meals and

drinks when required. For example, if people had swallowing difficulties because of their health condition and were at risk of choking. Staff understood how drinks should be thickened to the correct consistency and one member of staff told us, "Some people need drinks the consistency of yoghurt and some people it is much thicker. The care plans have details of how we must mix this and this is reviewed by the dietician or speech and language therapist. If we think people are at risk of choking, we don't hesitate to make a referral so they are not at risk." People were also supported with their day to day healthcare and attended appointments to get their health checked. We saw that referrals for specialist input had been made promptly and where professional advice had been provided, this had been incorporated into the care plan.

Staff received an induction into the service and training to develop a good understanding of each individual's care needs and the philosophy of the home. Staff were knowledgeable about the needs of the people they supported and knew how their needs should be met. New staff spent time shadowing a more experienced member of staff before they worked alone. This was to make sure they understood people's individual needs and how risks were managed. One member of staff told us, "I wasn't just thrown in at the deep end, we took things slowly and the staff made sure I understood what I was doing before I worked alone. The good thing about here is that there are so many staff around; there is always some to ask for help. We are a really good team and look after each other so we can look after the people who live here." Staff had received training to support people who were living with dementia. We saw them helping people to be aware of the day and time and helping to recall events and talk about what was important to them. One member of staff told us, "We all did our dementia training and this has been really useful. I learnt about how people respond to different colours and how to support people if they appear to be wandering and how to make this meaningful."

Staff received regular supervision and appraisals which supported them to develop professionally. One member of staff told us, "I find supervision is really useful. I can talk about anything including if I am struggling with something, but more importantly we look at what we can do to improve." Another member of staff told us, "The managers are very good at recognising what we do well and how they can help us to progress, especially if we want to move on and get a promotion within the company. It's nice to be valued." This demonstrated that the provider ensured that staff had the support they required to do their job effectively and that it was reviewed regularly.

Is the service caring?

Our findings

People and relatives felt that the staff showed them concern and empathy and that staff gave them time and listened to them. Some people were able to express their views clearly but there were others who had difficulty speaking; we saw the staff made efforts to make sure people had an opportunity to express their feelings. We saw that people were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses. One member of staff told us, "We work closely with people especially when they have the individual support. We quickly to start to recognise when people are unhappy or are enjoying an activity. It's not always about what people say, it can be how they look, the noises people make. You have to look at the whole person." Where people had complex communication needs, their care records included information about how they expressed themselves and how staff should speak with people to ensure effective communication.

The staff did not discriminate on the basis of sexual orientation or sexual gender and consideration was given to people's preferences in relation to their diverse cultural and human rights. People were able to express themselves and one member of staff told us, "People are able to carry on making the same decisions about how they want to live. Everyone is different and we respect that."

Staff respected people's privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. For example, where people had spilt food on their clothes, staff supported them to change. One member of staff told us, "It matters to people and so it matters to us. We don't make a fuss about it; we just help people to change. It's important." People were dressed in a style of their choosing and had matching accessories and people could have their bag near to them. We saw when people were supported to move staff remembered to take their personal belongings with them and asked people where they could place them so they could reach them. We saw that staff respected people's personal space and one relative told us, "The staff always knock and if they can come in and ask before they do anything." Another relative told us the staff were respectful and said, "The staff always knock and the male carers shake their hand when they come in."

There was a relaxed atmosphere in the home and we saw people were comfortable and happy around staff. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. Staff spoke with people who were sitting so that they were on eye level with them. We saw staff reassured people with a touch on the arm or hand where this was appropriate and talked about their lives, who and what mattered to them and significant events.

People were supported to maintain the relationships which were important to them. Relatives told us they could visit anytime and there was a variety of communal areas where people could spend their time. We saw family and friends visit throughout the day and one relative told us, "If anything is happening in the home then we are told about it so we can join in if we want to."

Is the service responsive?

Our findings

The staff gave care in a personalised way. People had plans in place which detailed how they liked to be supported that covered all aspects of their lives; including cultural and spiritual. The staff knew about the plans and told us how they supported people in line with them. For example, staff knew about people and what was important to them and how past experiences could affect their behaviour. We saw one person who walked around and enjoyed spending time outside. One member of staff told us, "They used to be [name of job] and this was mainly outside. It's not enough for them to just look outside; they want to go out so there's always a member of staff who can support them to go out." Staff recorded information about people's wellbeing and any concerns in daily written records. This meant staff had information to help them to offer care which was responsive to people's needs.

People care was reviewed and focused on their wellbeing and any improvements which could be made to their care. Health and social care professionals and family or carers were consulted for advice at these reviews. We saw any review was recorded and incorporated into the support plan. These contained useful and relevant details to assist staff to plan responsive care. Staff could tell us about people's care needs and how these had changed. They explained how referrals to health care professionals had been made to ensure care remained appropriate for each person. Records confirmed this. One health care professional told us that the home worked well with them, and consulted with them appropriately.

People were supported to pursue their interests and take part in social activities from staff who understood their preferences. We saw people were involved in a range of activities including making decorations for the planned Halloween party and going to a local farm shop to purchase personal shopping. One member of staff told us, "We are very flexible and try to organise events for people around what they like or what they used to do." Different group activities were carried out by the well-being staff; at times these activities were loud and staff helped people to dance, play music or sing; at other times the activities were more sedentary and people had more individual time and talked with staff or read together. One member of staff told us, "We have a variety of things to do throughout the day but we try and mix things up so it's interesting. If people don't want to join in then that's fine but we want people to have the opportunity to be involved in what is happening."

A Halloween performance was planned in the afternoon and staff had prepared themed dances and wore costumes. The staff had considered whether this was suitable for people living with dementia and the possible impact it may have. One member of staff told us, "We have looked at the risks as the last thing we want is anybody to be scared, but this is a fun event. People can choose to be involved and we have a quiet area too."

People felt confident telling the staff if they had any concerns and felt that these would be taken seriously. There was a guide in the entrance hall which informed people and relatives what to do if they were unhappy. The staff were proactive in encouraging feedback and one member of staff told us, "We are interested in knowing what people want from this service and how we can make things better. If people don't speak to us then we will never know." This demonstrated that the provider welcomed and reviewed any feedback and

had an accessible complaints procedure.

Is the service well-led?

Our findings

The registered manager was approachable and supportive. There was a team of senior staff who supported the manager and staff felt that they were keen to listen to them and take their comments on board. The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. The registered manager actively sought people's views both in meetings and informally, and staff felt that their suggestions were appreciated and encouraged. The staff told us they felt valued and that every voice was respected and one member of staff told us, "We are always looking for ways to make things better and we are never made to feel that our suggestions are silly. There is also a suggestion box we can leave our ideas in. This way people can do this anonymously if they feel they need to."

The staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. One member of staff told us, "We've reviewed how staffing is organised and people have clear roles. The care staff are here to spend time with people. Housekeeping staff provide the support to maintain the home and people's bedrooms. It may only take five minutes to make a bed but if you add all this time up together, it all adds up and care staff are here to support people. This is working really well."

There was a commitment to developing the service for people. The registered manager told us that staff were given opportunities to develop their skills and obtain higher qualifications within nursing and specialist areas such as dementia care. For example, they told us they were working in partnership with research projects, including a project for nutrition and hydration.

People felt able to give their feedback about the quality of care had been sought in the form of a satisfaction survey. The results were analysed and a report produced for people and displayed in the home. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.

Staff had a good understanding of the provider's whistle blowing policy and were confident that they would be supported to raise any concerns about poor practice in the service. Information was displayed in the entrance hall for staff and people to understand how to report any concerns they had if they were concerned they had witnessed poor practices. One member of staff told us, "We are very clear about our role and what we need to do if we are worried about anything. We have the whistleblowing procedure so can report things confidentially but I would be happy speaking to the managers as I know they wouldn't tolerate poor practices and would do something about it."

The registered manager carried out audits on areas of quality and safety including checks on medication, infection control audit, and care records. The staff told us that the results of audits were discussed in meetings and informally so that all staff were made aware and any shortfalls were addressed to improve the overall quality of the service.

Staff received regular updates at meetings arranged for them. The staff told us they received information about developments in the service and any planned improvements, The provider also had plans to work with other organisations and participate in pilot projects aimed at enhancing people's experience. One member of staff told us, "We are all committed to keep making things better for everyone and we like to get involved in thinking about what can we do that's different."