

Heart of England Properties Limited

Perton Manor

Inspection report

Wrottesley Park Road
Wolverhampton
West Midlands
WV8 2HE

Tel: 01902843004

Date of inspection visit:
19 February 2019

Date of publication:
27 March 2019

Ratings

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

Summary of findings

Overall summary

About the service:

Perton Manor is a care home that accommodates 50 people in one adapted building. The home is split into two sides the east and west side. At the time of our inspection 46 people were living at the home. There are various communal areas, including lounges, dining room and conservatory that people can access. The home also has a large garden.

People's experience of using this service:

The home was exceptionally well led. People and staff were involved with the running of the home and encouraged to progress. There was an emphasis on continual learning and the provider and staff used this to continually develop the home for people. The home had strong links with the community and external agencies who they worked in partnership with. People, relatives and staff felt involved with the running of the home and were actively engaged with the provider on continually improving.

The care people received was safe. Individual risks were considered. Safeguarding procedures were in place. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training that helped support people. People received support from health professional when needed. People enjoyed the food and were offered a choice. The environment was adapted to meet people's needs.

People and relatives were happy with the staff and supported in a kind and caring way. People were offered choices, remained independent and their privacy and dignity was maintained.

People received care that was responsive to their needs. The care they received was individual and specific to their needs. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

More information is in the full report.

Rating at last inspection:

Good (Last report published 22 December 2017)

Why we inspected:

The inspection was brought forward due to information of concerns we received about the service. However, we found these concerns were not substantiated.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led
Details are in our Well-Led findings below.

Outstanding ☆

Perton Manor

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection visit took place on 19 February 2019 and was unannounced. The inspection visit was carried out by two inspectors and an expert 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.

Service and service type:

Perton Manor is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the provider.

Notice of inspection:

This inspection was unannounced.

What we did:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we received information of concern about some incidents that had occurred within the home, we therefore brought our inspection forward. We used all this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with six people who used the service, three relatives, three members of care staff, the cook and the registered nurse. We also spoke with the head of nursing, the head of care, the trainer, the director of nursing and operations, the ambassador for living well with dementia, the home manager and the registered manager who is also the provider. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for six people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

After the inspection we gave the provider the opportunity to send us any additional supporting information. They sent us some information as we used this as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse and were confident concerns would be actioned by the home and the provider. One member of staff told us, "Its protecting vulnerable adults from any type of abuse or harm." Another staff member said, "I would document and report my concerns, I am very confident these would be addressed immediately."

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately by the provider.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.

- Individual risks to people were considered. For example, when people demonstrated behaviours that may challenge, there was clear guidance in place for staff to follow. Staff were aware of the actions they needed to take if these behaviours occurred. During our inspection we saw several situations occur between people, where staff intervened successfully and diffused the situation.

Staffing and recruitment

- There were enough staff available for people and they did not have to wait for support. A large proportion of the people living in the home required one to one support from staff, we saw this was provided for them during our inspection. When other people needed support, staff were available for them in communal areas and provided support without delay.

- People, relatives and staff confirmed there were enough staff in the home. One person said, "There are enough staff here, I am never afraid." Relatives we spoke with were happy with the staffing levels within the home.

- There were systems in place to ensure pre-employment checks were completed before staff started working in the home. This demonstrated the provider ensured staffs' suitability to work with people within the home.

Using medicines safely

- Medicines were managed in a safe way. We saw staff administering medicines to people and they stayed with them ensuring they had taken them. One person told us, "I am given medication regular, they never forget."

- We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people received 'as required medicines' there was clear guidance in place for staff to follow to ensure this was administered correctly.

- We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Preventing and controlling infection

- There were infection control procedures in place and these were followed. The provider completed an audit in relation to infection control, the last audit identified compliance in this area.
- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them.
- The environment was clean, well maintained and free from infection.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong and actions taken to reduce the risk. The provider recorded when incidents had occurred in the home, the action they had taken and any learning from this. They also documented how this had been shared with staff and how things could be done differently if this reoccurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection, we found people were supported to make decisions for themselves however the capacity assessments did not always relate to specific decisions that needed to be made. During this inspection we found the provider had made the necessary improvements.
- We found capacity assessments were in place for people and decisions had been made in people's best interests when required.
- Mental capacity assessments were individual and specific to the decision being made. For example, individual capacity assessments were in place for all key areas including when people required covert medicines. Covert medicines are the administration of any medical treatment in the form of a disguise.
- The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.
- When DoLS authorisations were in place we saw conditions on these were being met by the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice. Their care plans contained detailed information to support specific behaviours they may display and any health conditions.
- Staff support: induction, training, skills and experience
- Staff were provided with the opportunity to attend training and spoke positively about the training they received.
 - Staff were actively encouraged to progress within the home and were given the opportunity to participate in specialist training.
 - People and relatives felt staff had the skills needed to deliver effective care to them and their relations.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a choice. One person said, "The food is nice, we get to try new things which I enjoy."
- At breakfast and lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal, for example one person was asked if they could have some eggs on toast. We saw this was provided for them.
- We saw some people chose to eat in the communal dining room or communal lounges whereas others ate in their rooms.
- People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks.
- When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People had access to healthcare professionals and their health was monitored within the home.
- We saw recorded in people's files when they had been seen by the GP or other health professionals such as speech and language therapists. When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.
- Records we looked at included an assessment of people's health risks.

Adapting service, design, decoration to meet people's needs

- The home was decorated in accordance with people's choices and needs.
- People had their own belongings in their bedrooms. Communal areas were decorated to people's preferences and offered support for people living with dementia.
- There was a garden area that people could access and people told us they enjoyed using it in the summer.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives were happy with the staff and the care they received. One person told us, "They are the best carers out." Another person told us, "They are more like friends."
- We saw staff chatting, laughing and interacting with people throughout our inspection. People were treated with respect and approached in a kind caring way. For example, staff constantly asked people if they were happy and if they needed support. Staff understood what was important to people and ensured their needs were met. For example, some people liked to have their handbags with them, another person liked their radio next to them and others liked to wear jewellery.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices and made decisions about how they would like to spend their day.
- Throughout our inspection we saw staff asking people what they would like to do. This included where they would like to sit, if they would like to go outside for a cigarette and if they wished to participate in activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted.
- We observed staff knocking on people's doors and offering support to people in a discreet way. When people were hoisted their clothing was adjusted to ensure their dignity was maintained.
- People were encouraged to be independent.
- One person said, "I try to do what I can for myself, I have a go."
- We observed people were encouraged to be independent. For example, we heard staff encourage people to do tasks for themselves such as eating their meals. Staff could tell us how they encouraged people's independence and we saw care plans reflected the levels of support people needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged.
- The provider ensured people's needs could be met in a way they liked. Care and support plans were written with clear guidance to staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe.
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people.
- People told us they were happy with their care. One person said, "I am very happy with the care I receive and how staff deliver it." All the relatives we spoke with felt the staff knew their relation well and were happy with the levels of support they received.
- People's communication preferences had been assessed and there were plans to guide staff. This showed us that the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was available for people in different formats when needed.
- The provider was supporting people with their cultural needs and this was fully considered and understood by staff.
- People had the opportunity to participate in activities they enjoyed. During the morning of our inspection we saw various activities were taking place, there were group exercise activities taking place, some people were playing individual games and some people were in the garden planting bulbs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People and relatives knew how to complain. When complaints had been made the provider had ensured their own procedures were followed and action taken to resolve the complaints or concerns.

End of life care and support

- The provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were supported to consistently achieve positive outcomes and the quality of their lives was continually improving. The provider had created an exceptionally open culture and had developed extremely positive values within the service. One person told us, "I think this is a well-managed home, it's such a lovely place to live. It's such a happy and relaxed atmosphere that has been created."
- Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "We are just so involved with the running of the home. We had a creativity day recently, it was about coming up with ideas for the future. We are always thinking about what is next for the people living here." Another staff member said, "I could not ask for better support from the managers, they really listen to you. They are so supportive and if you want to progress they will fully support you in every way that they can."
- Without exception, staff understood their roles and responsibilities. All staff were encouraged through a strong performance framework to be engaged in the service. There were regular opportunities for staff development, clear lines of delegation, and recognition from the provider, and staff of the positive impact this had on people. For example, when people were at risk of developing sore skin, staff were clear on their responsibilities in managing this, which resulted in no pressure areas for people living in the home.
- The provider had introduced theme based supervision for staff. The head of care spoke positively about the impact this had on staff and people. As part of the supervision process staff researched an area of practice and shared ideas as to how new practice could be implemented to improve people's lives. The head of care told us, "The benefits for people are positive, by us having an increased awareness helps us to identify concerns much quicker than we would have." We saw when concerns had occurred with the amount people were drinking, action had quickly been taken to ensure individuals received the correct support they needed.
- All staff felt valued and spoke positively about the generosity the provider displayed to them as a staff team. At Christmas the provider had organised a 'pass the parcel for staff' as a thank you for the hard work they had displayed through the year. There were various gifts for staff, including mini breaks and spa days. One staff member said, "I have never felt so valued anywhere I work." Another staff member said, "I really enjoy coming to work and the management team have to take the credit for the atmosphere we have in the home. I am proud to work here." This was reflected in the current staff team. All people we spoke with complimented them and spoke positively about how they worked together as a team.
- The provider understood their legal responsibility for notifying the Care Quality Commission about significant events that had occurred within the home. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's

website and within the service in line with our requirements.

- The provider and home manager had exceptionally clear oversight of the service. The systems in place were effective in ensuring risks management was good and actions were taken promptly to ensure the safety and quality of the service people received. People's care records were up to date, organised, and kept under regular review to ensure the information was accurate.
- The registered manager had in-depth knowledge on all areas of the home and was responsive to the questions we asked providing consistently accurate and prompt responses.

Engaging and involving people using the service, the public and staff

- People and relatives were actively encouraged to help run the service and make improvements within the home.
- In annual surveys the feedback from people and relatives was without exception positive. Feedback we obtained during our inspection mirrored this, "Exceptionally well managed and organised." and "Faultless."
- From previous feedback, the provider identified there was often a lack of understanding from relatives about the care their relation received or may require. This included gaps in knowledge in key areas such as behaviour management, funding and expectations of care.
- Following this in January 2017 the provider set up a 'Relatives Awareness Program'. This programme is now fully imbedded in the home and runs on a quarterly basis to educate families and friends in these areas and more. Some examples of the recent areas that have been covered include, 'embodied living' and 'a day in the life of...'. We saw the provider was constantly liaising with families to identify what they would like to see in these sessions. The provider ensured the sessions were flexible so families could attend and fully promoted and communicated to families.
- Families and friends who attended these sessions spoke positively about them. They had expressed how much they had learnt, the positive impacts for their relation and how other professionals were not offering this service for them. Relatives and friends could also use the program to network with other families and build a support network to share feelings and frustrations. One family member stated, "Just knowing we are going through the same as others, we no longer feel like we are alone in our journey."
- The provider spoke about the positive impact they had seen since the sessions had been introduced. They told us they had seen a significant drop in unhappy or concerned relatives, and felt relatives and friends were more relaxed when visiting the home, which had a positive impact on their relation.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- A culture of continuous learning meant staff were engaged in making improvements.
- The team had a strategic vision to continually improve through innovative practice, which included developing staff to be the best they could be. The provider told us, "Our investment in staff development provides the clients with a style of care delivery, within a complex needs environment, that empowers clients to make decisions about their lives, their socialization and their activity, whilst encouraging positive risk taking in as least a restrictive way as possible."
- The provider was continually developing staffs clinical skills to ensure good outcomes for people.
- The provider had recognised and reacted to a shortage of registered nurses. The home had introduced a position of nursing assistant and had made the decision to fund and support these staff to complete their nurse training. There were three staff who were currently involved with this initiative.
- Staff completing this training spoke positively about this opportunity that they had been provided with. One staff member said, "I would not have been able to undertake this training without the financial support of the company which would have meant I would never have been able to fulfil my dream, I am very grateful for this opportunity." Another staff member said, "This role has given me hands on experience working alongside experienced nurses, and being present with emergencies and general duties of the nursing team."

The company has given me so much confidence, knowledge and support, which I know will continue as I progress further with my career as a Mental Health Nurse."

- Other members of the management team were being sponsored to complete specialist training including a Master's degree in Dementia Studies and a BSC in Psychology. The home used the knowledge and skills developed from this specialist training to improve the experience of people living at the home. An example of this was 'Embodied Living'. The ambassador for living well with dementia had used their learning from the course to develop and embed the ethos of this within the home. This had included the introduction of a more person-centred assessment of daily living for each individual and monthly training sessions for staff. Staff now used a wide range of sensory resources and reminiscence-based activities to communicate and empower people to have a voice.
- Health professionals who attended the home had been impressed by the work that had been completed in this area and had requested places on the training programme.
- The systems in place to ensure quality were constantly and consistently reviewed. When areas of improvement were identified this was used to drive improvement within the home and make immediate improvements to the quality of the service people received.
- There was a 'Lessons learnt' approach which enabled staff to reflect and make changes. For example, where behaviour that challenged occurred, records showed there was a demonstrable impact on a reduction of incidents where the reasons for this behaviour were analysed and changes were made to people's care.

Working in partnership with others

- The home had strived for excellence by working jointly with a university on a research project on 'The hydration needs of adults residing in care homes'. Staff were given the opportunity to participate and lead on this project. The provider told us, "The research project created a real buzz within the team. The care staff were responsible for providing the data and giving feedback. They owned the project and they understood what this could mean to their client."
- The university spoke positively about working with the home on this project. The provider showed us an email which stated, 'On behalf of the Reading team, huge thanks to you and your team for all your time and very warm hospitality yesterday. It was a delight to meet you and to see Perton Manor. We found the discussions exceptionally helpful – we really appreciate your openness in sharing your knowledge and experience with us, and all your energy and enthusiasm for the project.'
- The provider told us how they had used the findings from the project and implemented it into the home. The provider had implemented the findings from the project with an electronic weight tracking tool that would highlight weight changes for people using a traffic light system. This worked automatically when weights were inputted. They explained the positive impact this had for people as this gave immediate alerts of weight loss or gains. This assisted the team with monitoring and early referrals for dietetic assistance.
- The provider concluded, "The tool and supporting processes have resulted in a higher awareness of nutrition and hydration in our staff and a speedier response to the hydration needs of our clients. We also developed fluid balance sheets and a fluid matrix tool so staff know how much each resident should be consuming. Staff now take ownership of the client's hydration needs. Staff fully supported the research and it has been published in an academic journal with Perton Manor named as the research site and partner." Staff we spoke with confirmed their involvement and the positive impact this had on people.
- Three staff at Perton Manor had also been trained by the Alzheimer's Society to deliver Dementia friends training. As well as delivering this training to the staff team at Perton Manor they had also delivered training to community groups outside the home, meaning they could share their knowledge and skills and ensure people with dementia living at Perton Manor received up to date care and support.
- The provider strived to identify new partnerships and learning opportunities to make continuous improvements to the home. They told us they were fully committed to the future projects and would

continue to seek other new opportunities. In addition, there were plans in place for future joint projects, some of which have already been implemented and were in their early stages. These include: Dementia Friendly Community Research, this had commenced in January 2019 and was in association with South Staffordshire Dementia Action Alliance. Outreach work with The Lesbian Gay Bisexual and Transgender Community. Although no one was currently being supported, the provider had recognised this was an area for development and was in preparation should someone come into the home who needed support with this. There were also plans in place for a sensory integration project to start its pilot in the Autumn of 2019.

- Other partnerships had been developed with health and social care professionals, along with local community links.