

Heantun Care Housing Association Limited

Probert Court Nursing Home

Inspection report

Probert Road
Wolverhampton
West Midlands
WV10 6UF

Tel: 01902444067
Website: www.heantun.org

Date of inspection visit:
07 July 2016

Date of publication:
02 August 2016

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 07 July 2016 and was unannounced.

Probert Court provides accommodation and personal care for up to 25 people. At this inspection 15 were staying there. Probert Court provides short term placements for people leaving hospital before they either move back to their homes or to another location. The anticipated average stay for people at Probert Court is six weeks.

A manager was in post and present during our inspection. The manager was newly appointed and commenced work at Probert Court six weeks prior to this inspection. We confirmed that they had submitted appropriate applications to become the registered manager. 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 were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had the risks associated with their care assessed and staff knew what to do to minimise the risk of harm. The manager undertook investigations into any incidents or accidents to identify learning and to reduce the possibility of reoccurrence.

There were enough staff to support people and to meet their needs. The manager had systems in place to ensure additional support was provided to meet people's needs. The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people.

People received their medicines from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. The management team completed checks to ensure staff followed safe practice when assisting people with their medicines.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported. Staff were supported by the provider and the manager who promoted an open and transparent culture. Staff received regular one on one support sessions where they could discuss aspects of their work and identify any improvements if needed.

Staff provided care and support which was personalised and respected people's likes and dislikes. People felt involved in the day to day running of Probert Court. People's independence was encouraged and staff respected their privacy and dignity.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People were involved in decisions about their day to day care. When people could not make decisions for

themselves, staff understood the steps they needed to follow to ensure people's rights were upheld.

The provider met people's cultural needs by ensuring there were staff available that was able to speak their first language. Dietary requirements for health or culture were provided for and the catering team worked with people to ensure they adhered to their beliefs and wishes.

People, relatives and staff felt able to express their views and felt their contributions mattered. The provider and manager undertook regular quality checks in order to drive improvements.

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.

People were protected from harm as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Checks were made before staff could start work to ensure they were safe to work with people. People were supported safely with their medicines by staff who were trained and competent to do so.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and motivated to provide care. Staff were well supported by the management team in order to perform their role. People were assisted by staff who knew what to do to protect their rights. People had access to healthcare when they needed.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff supported people with warmth, respect and kindness. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People were supported by staff who knew them well. People felt their opinions were valued by staff and were able to raise any concerns or comments with the provider.

Is the service well-led?

Good ●

The service was well-led.

People knew who the management team were and felt able to

approach them at any time. People felt able to contribute to the development of Probert Court and their suggestions were valued. The provider and staff had shared values in supporting people. The manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

Probert Court Nursing Home

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 took place on 07 July May 2016 and was unannounced.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority, Healthwatch and the clinical commissioning group for any information they had which would aid our inspection. We used this information to help plan our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people receiving support, four relatives, the manager, five care staff members, and the cook. We viewed the care and support plans for two people, including assessments of risk and records of medicines and healthcare provision. We saw records of quality checks completed by the provider and incident and accident records.

Is the service safe?

Our findings

People told us they felt safe and protected living at Probert Court. One person said, "I feel so safe and secure here. It is reassuring just to be here". One relative told us, "I know [relative's name] is now safe". Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "If I ever saw something I did not like or agree with I would make sure it stopped straight away and report it". Another staff member told us they had information telling them what to do if they had any concerns and who to report these to. This included contact details for the local authority which was also on display in communal areas. The manager had made appropriate referrals to the local authority to ensure people were kept safe.

People told us they felt safe receiving services from the provider. One person told us, "I had a physiotherapy assessment and have to use my frame whenever I move around. They (staff) make sure I use it always so I don't trip". People told us they were involved in identifying risks associated with their care and how they minimised the risk of harm. One person said, "I want to do more and more as I feel better. However, they (staff) make sure I go at a pace I can manage and keep safe. I always want to run before I can walk and they (staff) just make sure I am safe". Staff we spoke with told us about the individual risks associated with people's care and what they did about minimising the risk of harm. One staff member said, "We are not here to forbid people from doing anything. But if it is risky we do help and support until the person feels safe and to minimise any risk to the person".

People were able to move freely around Probert Court. We saw people moving around Probert Court whilst using mobility aids appropriate to their needs. When needed staff supported and guided people to keep them safe. We saw people had individual assessments of risk in their personal care and support plans. For example, risks associated with eating and drinking, mobility and skin integrity were assessed and actions identified to minimise the risk of harm.

Staff members knew what to do if there was an incident or accident. One staff member told us, "It is reported straight away and we look at what happened to make sure it didn't happen again in the future". We saw records of incidents and accidents. These records were scrutinised by senior staff members with recommendations made for reducing the risk of harm to people. One staff member said, "Once [person's name] was having a cup of tea in bed. The tea was spilt. Afterwards we spoke with [person's name] and we agreed between us to keep the hot drinks for when out of bed and have cold drinks instead at these times". The documentation we saw supported this assessment to minimise the risks of harm.

Staff members told us before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The manager described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff we spoke with confirmed appropriate checks and references had been gathered before they started their employment. We saw records where these checks had been completed and recorded.

People told us there were sufficient numbers of staff available to meet their needs. We saw there were enough staff to respond to people promptly and to stop and chat to them throughout this visit. One person said, "At night all I need to do is press my bell and they (staff) are straight here". One staff member said, "We have enough staff day to day but if it gets busy or someone needs extra help they [manager's name] will ensure extra staff was available". The manager told us, "The staffing levels of allocated according to the needs of people. If I think extra staffing was required I have the authority to allocate extra staff to meet people's needs".

We looked at how people were supported to take their medicines. We saw people were assisted to take their medicines in a safe way by staff who followed safe administration practices. One person said, "I know every morning I need seven tablets and this is what I get without fail". We saw staff members assisting people take their medicines and explaining to them what they were and asking if the person needed anything additional. For example, pain killers. Staff members told us they undertook training to ensure they were safe and competent to assist people with their medicines. Following this they were observed by a senior staff member to ensure they followed safe practice. The manager undertook regular checks to ensure people received their medicines as they were prescribed and to ensure staff members were safe to support people.

Is the service effective?

Our findings

Staff had access to training appropriate to the people they supported. One staff member said, "I recently attended a manual handling refresher. During this training I learnt a new technique to assist people. This method placed less pressure on them and is something I do every time now". During this inspection we saw people being supported by staff who followed safe moving and handling techniques.

People received care and support from a staff team who felt supported to carry out their role. One staff member said, "We have regular one-on-one sessions. During these sessions we talk about our practice and what is going well. At my last session we talked about medicines and reiterated safe practice". In addition to one-on-one session's staff members told us they felt supported day to day and could always approach any staff member or the manager at any time for advice and guidance.

We looked at how staff members share information relevant to people between themselves. Staff members told us they were informed of any changes in people's needs during a formal hand over session. At this inspection we saw staff shared relevant information between themselves during one such hand over session. We saw staff passing information relevant to people which enabled them to perform their role effectively. For example, one staff member had requested for a GP to call back. All staff members were informed of the reasons for this request so anyone answering the phone could ascertain the correct information from the GP. This helped people receive prompt support from medical professionals which was not dependant on individual staff members being available.

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were allowed the time to make a decision. We saw and people told us they were offered choices about what they wanted to do, where they wanted to go and what they wanted to eat or drink.

We saw people's capacity to make decisions was assessed and reviewed when needed. The manager told us owing to the type of service they provided they did not routinely admit people who were not in a position to make relevant decisions for themselves. However, the manager and staff were aware of changes in people which could impact on their ability to make decisions. For example urinary tract infections. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "We make sure people are supported to make their own decisions. This helps to protect their rights as people and to be involved in their care and treatment".

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 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 service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any applications for DoLS.

Staff followed current guidance regarding do not actively attempt cardio pulmonary resuscitation. People's views and the opinions of those that mattered to them were recorded in any instructions made. Instructions were clearly displayed in people's personal files and staff knew people's individual decisions.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "The food is wonderful. Today we are having roast pork but I think I will have the salmon salad". Menus were on display and people had a choice of what they wanted to eat. One person said, "Although the food is great they [cook's name] will always make me an omelette or anything else I want. Nothing is too much trouble for them". The kitchen staff knew the people they were cooking for and adapted menus and choices depending on people's personal taste and requirements. The cook told us, "If someone is at risk of weight loss we fortify foods with whole milk or cream or get food in that we know the person likes". One relative told us, "[Relative's name] isn't eating much lately. They fancied beans on toast one lunch time and this was provided. Nothing is too much trouble and it doesn't matter if they only have a little it is still something they like and wanted".

Dietary requirements for health or culture were provided for and the catering team were aware of what to do to meet individual's needs. The cook told us they always talk to people and ascertain what they can or cannot eat and identify alternatives with people. For example the cook said, "We can provide alternatives to meat or fish and have vegan or vegetarian alternatives when people want". At this inspection we saw a meat dish, a fish dish and a vegetarian option for people. One person told us, "The cook came round this morning and asked us what we would like today, if I didn't want it I can always have something else".

People's food and fluid levels were monitored by staff if needed to highlight any changes in need. We saw staff discussing what one person had eaten in the last 24 hours and believed they might be struggling. The staff members then requested assessment from a Speech and Language Therapist. People had access to healthcare services and were supported to maintain good health. One person told us, "My own doctor comes out here quite regularly but they (staff) help me if I need anything". One relative told us, "[Relative's name] came here with some quite bad pressure sores which developed in their own home. They [staff] involved the tissue viability nurses and followed their advice to the letter. The sores are much better now".

Is the service caring?

Our findings

We saw people being supported by staff who were kind, caring and compassionate. People told us they felt valued by staff. One person said, "I just can't praise them (staff) enough. They (staff) are always there when I need them". Another person told us, "We have a laugh and a joke. It is a lovely atmosphere". A relative said, "I think they (staff) help me as much as [relative's name] understand what is happening and support us fantastically". We saw staff members sitting and talking with people in their rooms and in communal areas. People were laughing and chatting freely between themselves and staff members in a relaxed and informal way.

Staff we spoke with talked fondly about those they supported. They were able to tell us about individual's personal histories including what they did and what they like to do now. People were supported by staff who took an interest in them as individuals. One person said, "They [staff] know I like football. They come in and talk to me about [local team's name]. We had a great night the other night when they [staff] kept coming in and I was keeping them informed about what was happening during the match]. One staff member told us, "We only have a limited amount of time to get to know people but we chat and have a chuckle between ourselves which makes it such a nice place to work".

We saw staff members referred to one person by a nickname. We noticed this nickname was also written on their care and support plan and even on the door of this person's room. We asked this person about this. This person told us, "That is what I like to be called and it's nice that the staff recognise this. It's even written on there (pointing to their door)".

People were involved in making decisions about their own care and support. We saw people involved in discussions and decisions about their care and treatment. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "They (staff) are here to help me get back on my feet again. I have to get used to how to do things in my own home so I decide what I want and take things at a pace that I am happy with". Another person told us, "I decide to stay in my room and don't really like to go out with others. It's just how I am. The staff always ask me what I want to do and if I want to be involved. Although I decline their kind offers it's still nice to be asked". We saw people's care and support plans contained information about their life history and their likes and dislikes.

People told us their privacy and dignity was respected by staff providing support. One person said, "It's not a problem. Everything is in private and you never feel compromised by anything that is done". We saw staff knocking on doors and asking for permission before assisting people.

We saw people being supported in a way which promoted independence. People were given the option of staff support if they needed it and staff were available should they be required. One staff member told us, "People are only here for a short time and we have to support and enable people to maintain and develop what they can do for themselves".

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "When I came here I filled out all those forms (care and support plan) and did some sort of history with them (staff)". When it was necessary family members were involved in the development of people's care and support plans. One relative said, "When we were first involved here (Probert Court) we went through everything all together. We sat and talked with [staff manager's name]. We went through everything including a life history, likes and dislikes and medical history. They got to know [relative's name] so well and just how they wanted their care". Staff told us they are often informed at short notice that someone will be coming to stay at Probert Court. They said the information they received was often minimal. One staff member said, "We know the basics in terms of care needs before people but we do not have the opportunity to meet with them. However, when they arrive we spend time sitting, talking and getting to know them and their families". The manager told us, "We now attend weekly meetings where we can discuss suitable placements for people to ensure we are able to meet their needs and that people receive the best possible care from us".

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. We saw one staff member recognise one person was not eating much of their breakfast. The staff member then offered them something that they knew the person liked. We asked this person about their food and they said, "Sometimes they [staff member's name] just seems to know what I fancy to get me eating again".

The provider had taken steps to meet people's cultural needs by ensuring there were staff available that was able to speak their first language. One staff member said, "I am able to assist people whose first language is not English. This is particularly important when working with visiting health professionals so they understand what the person wants and the person understands the treatment offered. They [provider] ensured either myself or another staff member with similar skills were available to support people when it was needed".

People told us they thought the care and support they received was good and that it adapted to meet their changing needs. One person said, "It's never a problem. If I need help or need to see a doctor the next thing I know is that they [GP] are here". The manager told us, "Because people are only with us for a short period of time reviews are completed as we notice changes. We are dependent on people telling us but also on staff noticing these changes". We saw staff talking about changes they identified with the person concerned and seeking advice and support from medical professionals. For example staff were concerned about one person's appetite. They checked with the person how they were feeling and if they needed any additional support. These decisions and changes were recorded in the person's care and support plans and communicated to all staff during hand over sessions.

People told us they spent their time involved in hobbies and interests which included, socialising, knitting, reading or doing a puzzle. One person said, "To be honest I do just sometimes like to sit and watch the world

go by". Another person said, "I am not bored here. There is more to do than being sat at home. At least I can meet and talk with my friends". The manager told us they have recognised that they do not have many structured activities and this is something they are addressing. At this inspection we saw staff talking with people about what activities they would like to be involved with. One staff member said, "We are now developing a plan of activities which people can do. This will include arts and crafts and individual pamper sessions. It is early days yet but we are being supported by the manager to get this set up for people". The manager told us as part of the plans for development they wished to utilise the conservatory area for more structured activities.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. People told us they enjoyed meeting friends and relatives in communal areas which were social and atmospheric. One person told us, "It feels lovely in here (lounge) people are chatting and laughing and everyone is getting on".

People felt comfortable to raise any concerns or complaints with staff or the manager. One person said, "I did need to say something, it wasn't a complaint as such but they (staff) came to me straight away and wanted to know what they could do to help. It was resolved straight away". People had confidence that their concerns would be listened to and responded to appropriately. All those we spoke with said they would just report anything to the manager or staff as they had full confidence it would be addressed. The manager told us they encouraged people to let them know anything which they felt needed improving as well as the things they felt were going well. The manager had a process in place for receiving and responding appropriately to complaints and compliments.

Is the service well-led?

Our findings

People told us they were involved in the developments within Probert Court. We saw staff talking with people about what they would like to see included in the activities programme and what they would like to see on the menus. One person said, "I do feel involved but as I will not be staying here for very long it isn't really going to affect me". People told us they knew who the management team were and that they felt able to approach the manager at any time. We saw the manager spending time with people and staff. One person told us, "I know who the manager is and they pop in and see me all the time".

Staff members told us they felt valued and supported as individuals and as part of a team working at Probert Court. Staff members were aware of the provider's whistleblowing procedures and felt they would be supported should they ever need to raise a concern. Staff attended regular staff meetings where they had the opportunity to make suggestions and discuss any changes which could be made. One staff member told us, "We have set up a working group to look at the meals on offer. This involves people, the kitchen staff and the management team. We can look at what people want and include it on the menus". Another staff member told us they were excited to be involved in the development of activities at Probert Court and that they felt supported to develop this.

Staff members felt informed about changes with the provider's organisation. One staff member said, "A number of changes have taken place recently. We all met as a team and had the opportunity to discuss any worries we had. It is still early days but at least we know what is happening which is reassuring". We saw staff had access to news letters and emails informing about key achievements and changes in their organisation.

We asked staff about the values the manager and provider strive to achieve. One staff member told us, "I think it is about supporting people with dignity and increasing or maintaining independence". People we spoke with told us they believed they were treated with dignity and supported to be as self-reliant as possible whilst still keeping safe. People were supported by a staff team who shared the values of the manager and the provider.

We saw people and their families had completed questionnaires regarding their time at Probert Court. As people only stayed at Probert Court for a short period of time no one we spoke with had completed one of these surveys. The manager told us they were looking at completing feedback questionnaires with people after the first two weeks of their stay as well as after they had left. The manager said, "By collecting feedback after a short time we are able to put things right for people instead of finding out about things after they have left". Everyone we spoke with felt comfortable to raise concerns as and when they felt the need. We saw copies of people's feedback which had been completed after leaving Probert Court. These were analysed by the manager to identify any improvements which were needed.

There was a newly appointed manager in post who commenced work six weeks prior to this inspection. The manager had submitted an application with the Care Quality Commission to become the manager. We confirmed at this inspection that this application was in progress. The management team understood the requirements of their registration with the Care Quality Commission. The management team had

appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and manager had systems in place to monitor the quality of service provision. The manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, feedback and quality checks highlighted areas of Probert Court needed redecoration. As a result the manager is establishing a rolling programme of maintenance and decoration. The manager said, "As I have only been here a matter of weeks I realise there are a number of changes which need to be made. Along with the provider we devised an action plan to work from". We saw details of planned actions identified from the providers quality checks including what had been achieved. For example medicine training for staff. Actions yet to be achieved included redecoration of certain areas of Probert Court.