Mrs Felicity Ann Rowe

Perry Court

Inspection report

Perry Court Farm
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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 2 March 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The service provides accommodation and support for up to four people with a mild learning disability or other associated conditions. At the time of the inspection there were two people living in the home. Both people were relatively independent but required prompting with their personal care needs. Staff supported people with other daily living routines such as cleaning, cooking and transport. People generally preferred to be supported by staff when they went out into the community to help keep them safe from harm or abuse.

The service had a 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.

The registered manager said their service philosophy was "To ensure people are looked after to the n'th degree and are happy, safe and well". People, relatives and staff all said the registered manager was very caring, supportive, and approachable. This was summed up by a member of staff who told us "She is approachable, positive, kind and caring. She wants the best for the people we support. She treats people like her own family. It's like a family home not just a place to live". A person who lived in the home said "I am enjoying it here and don't have any problems". A relative told us "I'm very pleased where [person's name] is at the moment, he's very settled".

There was a friendly family atmosphere in the home and everyone got on well together. All of the interactions we observed between people and staff were caring and supportive. It was clear the registered manager and staff were very fond of the people who lived in the home and wanted the best for them. In turn, people told us they really liked the registered manager and all of the staff.

People were supported to visit relatives, access the community and participate in a wide range of social and leisure activities of their choice on a regular basis.

People were encouraged to be as independent as possible and had choice and control over their daily routines. Staff respected and acted on the decisions people made. The service knew how to protect people's rights if they lacked the mental capacity to make certain important decisions about their care and welfare.

The service employed a small close knit team of part-time staff who were knowledgeable about people's individual needs and preferences. There were sufficient numbers of staff to meet people's needs and to keep them safe. Staff received training and supervision to ensure they had the knowledge and skills to provide the care and support needed.

The service used a mix of informal and semi-structured quality assurance processes to help maintain and improve the quality and safety of its service provision.

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.

There were sufficient numbers of staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead more fulfilling lives and to remain safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were trained to meet people's needs.

People were supported to maintain good health and to access health care services when needed.

People had the mental capacity to consent to most aspects of their care. The service was aware of current legislation to protect people's rights if they lacked mental capacity to make certain decisions.

Is the service caring?

Good

The service was caring.

People were supported in a family type environment by caring and considerate staff.

People were treated with dignity and respect and were supported to be as independent as they wanted to be.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were known and acted on.

People were consulted and involved in decisions about their care and support.

People, relatives, staff and other professionals were able to express their views and the service responded positively to constructive feedback.

Is the service well-led?

Good

The service was well led.

People were supported by a very accessible and approachable registered manager and a small dedicated staff team.

The service had a caring and supportive family style culture focused on promoting the best possible quality of life for the people who lived there.

The service used a mix of informal and semi-structured quality assurance processes to help maintain and improve quality and safety.

Perry Court

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 2 March 2016 and was announced. It was carried out by one inspector. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), and other enquiries received from or about the service. A Provider's Information Return (PIR) had not been requested due to the inspection date being brought forward to replace a postponed inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The service was last inspected on 21 May 2014. At that time, the service was meeting the essential standards of quality and safety and no significant concerns were identified.

During this inspection we spoke with the two people who lived in the home, the registered manager and another member of staff on duty. Following the inspection, we telephoned a person's relative and another member of staff to gain further feedback about the service. We observed staff practices and interactions with the people they were supporting. We also reviewed people's care files and other records relevant to the running of the home. This included staff training records, medication records, incident files and health and safety records.

Good

Is the service safe?

Our findings

People told us they felt safe and the manager and staff treated them very well. One person said "I'm alright. No one does anything nasty. I'm happy here". The other person said "No problems. I get on well with everyone". We observed people were happy and at ease in each other's company and with the staff.

People were potentially more vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager would deal with any concerns immediately to ensure that people were protected. One member of staff said "If I suspected abuse I would report it to [registered manager's name] or whistle blow to social services, if need be".

The risks of abuse to people were reduced because there were effective recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. A prospective member of staff visited the home on the day of our inspection. They were in the process of applying for a Data and Barring Service (DBS) check prior to commencing work at the home. The person was well known to the registered manager but we were told they would not be allowed to start work until their DBS check had been completed.

Care plans contained risk assessments with measures to ensure people received safe care and support. For example, there was a falls risk assessment for one person who had mobility difficulties. There were other generic risk assessments, such as, traffic awareness and for hot drinks preparation. Incidents were investigated and action taken to minimise the risk of recurrence. The number of incidents in the home was currently very low. However, the registered manager said several incidents had occurred previously when a third person was living in the home. The person's needs had been assessed prior to moving to Perry Court and they had arranged pre-visits to the home which had all been positive. However, over a period of time the person started to display signs of anxiety and the service found their behaviours increasingly challenging. This was also having an adverse effect on the other people who lived in the home. Arrangements were agreed, in the person's best interests, to support them to move to a home which specialised in meeting their specific needs.

Staff knew what to do in emergency situations. The service had an emergency evacuation plan and carried out monthly fire drills. Staff received first aid training and they were instructed to call the emergency services if they had any concerns. Staff said they would call the relevant emergency services or speak with the person's GP, or other medical professionals, if they had concerns about a person's health and welfare.

To ensure the environment was safe, specialist contractors were employed to carry out fire, gas and electrical safety checks and maintenance. The service also had a range of health and safety policies and procedures for staff to follow in order to keep people safe. The registered manager carried out a regular programme of health and safety checks.

There were sufficient numbers of staff to keep people safe. In addition to the registered manager who lived on the premises, the service employed a small established team of part-time staff. People were relatively independent but shift rotas were organised to ensure that at least one member of staff was available to support people whenever they were at home. A member of staff said "The lads are never left on their own. If we have to go somewhere they come with us, they love going out in the car".

The registered manager and staff knew each other well and could call on each other for extra support whenever needed. Staff said the registered manager always ensured additional staffing was available whenever it was needed. Staff said they were willing to work extra shifts and the registered manager also covered shifts as required. This enabled cover for short notice staff absences and holidays.

People only received medicines as prescribed by their GP. The people who currently lived in the home were able to administer their own medicines and only one of them needed regular medicines. The registered manager monitored the person's medicine intake to ensure they took their medicine regularly and at the right time. This was recorded in a daily diary and the records were accurate and up to date.

Good

Is the service effective?

Our findings

People who lived in the home told us they were very happy and well cared for. One person said "I am enjoying it here and don't have any problems". A relative told us the service was effective in meeting their relative's needs, they said "I'm very pleased where he is at the moment, he's very settled".

Staff were knowledgeable about each person's needs and preferences and provided support in line with people's care plans. Staff received training to ensure they had the knowledge and skills to provide effective care and support. This included subjects, such as: safeguarding, first aid, medicine administration, manual handling and infection control. An independent advocacy service had recently visited the home to provide staff refresher training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider used a variety of training resources to ensure people received effective care based on current best practices. This included attendance at County Council meetings and seminars and use of distance learning programmes and workbooks.

The member of staff on duty had a national vocational qualification level 2 in health and social care. They said the registered manager encouraged and supported staff to undertake continuing training and development. They did not wish to take further qualifications but were confident the registered manager would support them if they did. This was echoed by the other member of staff we spoke with.

Staff told us they received an induction programme from the registered manager when they first started and they shadowed more experienced staff in the beginning until they were familiar with people's routines. The competency and skills of new staff were assessed by the registered manage over a probationary period to make sure they were able to support people effectively.

Staff said they did not receive formal supervision sessions as such, but spoke with the registered manager every morning and could discuss anything they wanted. They said confidential meetings could be arranged at their request or if the registered manager wanted to discuss a private matter with them. Staff had annual performance and development appraisal meetings to review their performance and identify any training and development needs.

Staff said everyone worked well together as a small, close knit, friendly and supportive team. They said the registered manager was always accessible and very approachable and they could turn to them for advice or assistance with any matter. People's individual care and support needs were discussed every time they came on shift and at team meetings. This helped ensure people received consistently effective care and support.

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. Staff had received training and had an understanding of the requirements of the MCA and the DoLS. They told us the people currently in the home had the mental capacity to make their own decisions. They were aware that a best interest decision would be required if people lacked sufficient capacity to make certain decisions about their care. The registered manager said they had not needed to make any DoLS applications but was aware of the circumstances when an authorisation would be needed and the procedure to follow.

People were supported to have sufficient to eat and drink and to have a balanced diet. Staff were knowledgeable about people's individual dietary tastes and preferences. One person had to avoid certain types of food due to a health condition and staff ensured these special dietary needs were met. People had their choice of breakfast and lunch and were involved in agreeing the main evening meals for the week ahead. Meal choices were based on people's known preferences but with as much variety as possible. A relative told us "They have plenty of choice and a huge variety of food. The registered manager is a very good cook". The service had a five star environmental health food preparation rating.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. The registered manager said people were supported by a range of local healthcare practitioners, including the local GP practice, speech and language therapist, dentist and opticians. More specialist medical advice was sought when required, from the local hospital and mental health NHS trusts. For example, one person had an appointment to see a podiatrist as they needed special insoles for their shoes.

Good

Is the service caring?

Our findings

People told us they were well cared for and were happy living in the home. One person said "I'm pleased I moved here. [Manager's name] is very kind". The other person said "I'm alright. I'm keeping well and enjoying work. Me and [name of other person in the home] are best mates". We observed when they returned home from work, the first thing they did was to give the other person a hug. People told us they had received lots of Christmas presents from the registered manager, staff and other friends. A relative told us "[Registered manager's name] is very caring. For example, when [person's name] has a cold or cough she makes sure he doesn't go to work. Staff are also very supportive and take people to all their appointments".

There was a friendly family atmosphere in the home and everyone got on well together. All of the interactions we observed between people and staff were caring and supportive. From our observations and discussions it was clear the registered manager and staff were very fond of the people who lived in the home and wanted the best for them. For example, the registered manager had a good relationship with the manager of a local factory where one of the people worked part-time. They told us about an incident where a work colleague had "tormented" the person about his favourite football team. Although this may have been intended as friendly banter, it was upsetting the person. The registered manager spoke to the factory manager who took steps to ensure the person's work colleague understood their sensitivities and refrained from this kind of banter.

The registered manager and staff had a good understanding of people's individual emotional and physical support needs and preferences. People were encouraged to make their own decisions and choices. They were supported to access independent external advice and support if they needed help with making important decisions. We observed people could choose to be alone when they wanted their own private space but a member of staff was always on-hand when needed. A relative said "[Registered manager's name] is very particular about teaching people life skills and doing things for themselves. For example, she taught [person's name] how to catch a bus into town or into work. He now has his own bus pass".

Staff respected people's privacy and dignity. People were encouraged to be as independent as possible with their personal care needs but occasionally they needed prompting by staff. Staff said they never entered people's rooms or the bathroom without knocking and waiting for a response.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

People were supported to maintain relationships with their families and friends. A relative told us they could visit or call the home when they wished, without any unreasonable restrictions. Staff also supported people to visit their families, where this was agreeable to all concerned.

Care files included information about people's end of life preferences and any spiritual or religious beliefs. Staff were aware of people's beliefs and preferences and respected their views and choices. For example,

one person was supported to attend a local church service on Sundays.

Good

Is the service responsive?

Our findings

People told us they were very happy and were able to do the things they enjoyed. People participated in a range of activities to suit their interests and needs. Activities included furniture restoration, feeding animals at a local activity centre, work placements, steam train journeys, social nights out, dancing, shopping trips, meals out, swimming and other leisure activities. One person said "I'm going to see The Lion King, I love musicals". Within the home, people told us they liked to socialise with each other and with staff and visitors, watch TV, listen to music, play electronic games, and fill in colouring books. A relative said "They go to a hotel complex in Cricket St. Thomas on Sundays and for holiday breaks. It is marvellous and safe. It used to be a wildlife park and has lots of sports facilities".

People's rooms were furnished and decorated to suit each person's tastes and interests. They contained personal belongings, such as DVD players and music equipment, posters of their favourite football teams and model trains and cars. People were free to use any of the communal areas, as they pleased, or to return to their rooms when they wanted time on their own. People told us they were able to make their own daily living choices, such as what they wanted to wear and their meal choices.

Each person had a care file detailing their assessed needs and preferences. People contributed to the assessment and planning of their care on an informal basis through daily discussions with the registered manager and staff. People told us they felt able to discuss any aspects of their care with the registered manager and to express their views and preferences to staff. Group discussions also took place to agree issues of mutual interest, such as; menu choices, trips out and other social activities. The registered manager said they also welcomed any feedback about people's care and support needs from people's relatives and from visiting professionals.

Care files were reviewed and updated by the registered manager to reflect any changes in people's needs or preferences. From our discussions with the registered manager and with other staff, it was clear they were knowledgeable about each person's emotional and physical support needs and their individual tastes and preferences. Records showed people had appointments and assessments with a range of health and social care professionals to help maintain their health and wellbeing.

People, relatives and staff all said the registered manager was very supportive, accessible and approachable. They were confident any issues or concerns would be resolved appropriately and without delay. One person who lived in the home said "I would talk to [registered manager's name] if I had any problems". A relative said "I would talk to [registered manager's name] but I've never had any concerns or complaints". The provider had a policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. The service had not received any complaints in the last 12 months.

Good

Is the service well-led?

Our findings

People, relatives and staff all said the registered manager was very open, caring and approachable. The home was managed by a person who was registered with the Care Quality Commission as the registered manager and the registered provider of the service. The registered manager owned the home and lived on the premises. They told us their service philosophy was "To ensure people are looked after to the n'th degree and are happy, safe and well".

Staff told us everyone worked really well together as a close knit, friendly and supportive team to ensure people were appropriately supported at all times. A member of staff said "I'm very happy here. [Registered manager's name] is approachable, positive, kind and caring. She wants the best for the people we support. She treats people like her own family. It's like a family home not just a place to live". Staff told us the registered manager was always accessible, approachable and very supportive. Another member of staff told us "[Registered manager's name] is very good. If we have any issues we just talk to her. She's like your best friend really".

Staff received training and supervision to ensure they were signed up to and delivered the provider's philosophy of care. The registered manager delivered a comprehensive induction programme for new staff and arranged continuing training and development for established staff. The care philosophy was reinforced through staff meetings, at the start of each shift, and at one to one staff supervision and appraisal sessions.

The provider had a mix of informal and semi-structured quality assurance processes to ensure people were kept safe and the service continued to meet their needs. This included care plan reviews involving people, relatives and outside professionals involved with their care. As a small service, people and their relatives were encouraged to give their views directly to the registered manager through daily conversations and feedback. An annual satisfaction questionnaire was also circulated to people and their relatives. The feedback received was overwhelmingly positive. The registered manager arranged regular health and safety checks, fire alarm tests and fire drills. These checks helped ensure people received personalised care in a safe and homely environment.

The registered manager participated in forums for exchanging information and ideas and fostering best practice. This included membership of the Registered Care Providers Association (RCPA), attending a local carers group, service related training events and conferences provided by the County Council and online resources, such as the Council's Choices website. Staff meetings and training sessions were held to discuss and disseminate information or new ideas and to keep staff informed about service related developments.

The service worked in partnership with local health and social care professionals. Specialist support and advice was also sought when needed. This helped ensure people's health and wellbeing needs continued to be met.

The registered manager had good personal links with the local community and this facilitated people's engagement in the community. We were told the people who lived in the home were well known and very

popular in the local community. They socialised with lots of people at a local social club, hairdressers and other local shops. One person had a part-time job in a local factory and the other attended a local activities day centre two days a week. We were told the home's neighbours and other friends were very kind and they often gave people gifts for Christmas and birthdays. Staff supported people to go out into the community most days of the week. This included social and leisure activities, visits to local restaurants and pubs, trips to places of interest and family visits.