Derby City Council

Perth House

Inspection report

Athlone Close
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Tel: 01332717550

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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

We inspected this service on 8 November 2018. This inspection was unannounced.

A comprehensive inspection took place during December 2016 and the overall rating awarded was 'Good.' We carried out a further inspection on 14 August 2017 concentrating on two areas 'safe' and 'well-led due to concerns received.' However, the overall rating for the service awarded following this inspection changed to 'Requires Improvement'. The provider was not meeting one of the regulations that we checked and was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to take action to make improvements to promote people's safety and to improve systems and processes to monitor the quality of the service. The provider submitted an action plan outlining their plan for improvements.

At this inspection we found that the provider had made improvements and were now meeting fundamental care standards, resulting in a rating of 'Good.'

Perth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Perth House is situated in the Chaddesden area of Derby and is owned by Derby City Council. Perth House is registered to provide personal care and accommodation for up to 39 older people and younger adults. The service has intermediate care beds for people who need further therapy or treatment following a hospital admission and social care beds for people who are being assessed and supported prior to returning home or to another care service. At the time of our inspection there were 20 people using the service.

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

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

People were supported with their medicines in a safe way. Staff were available to support people when they required it.

Recruitment procedures were thorough to ensure prospective staff were suitable to care and support people at Perth House.

Risks were managed according to individual need and we saw staff support people safely and appropriately with transfers.

People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic environment.

People were supported to have maximum choice and control of their lives. Staff were aware of the importance of seeking consent from people and demonstrated an understanding of the Mental Capacity Act 2005.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported with their dietary needs.

People were cared for by staff who were kind and caring. Staff respected people's privacy and dignity. People were supported with their independence by staff. Visitors were welcomed at Perth House.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint and felt the provider would take action to address any concerns.

People received a service which was well-led. The service monitored the quality of the service people received, where shortfalls were identified actions were taken to improve. People were asked for their views about the service and were listened to

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 safeguarded from avoidable harm because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures were robust to ensure staff's suitable to work with people was checked. Risks to people's health and welfare were assessed. People were supported to take their medicines and there were sufficient staff to support them. People were protected against the risk of infection.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post. Management worked in partnership with other agencies ensuring people's needs were met. People told us they were happy with the service they received. Staff felt the leadership and management of the service was supportive and effective. Systems were in place to monitor the quality and safety of the service and were effective in identifying areas for improvement.

Perth House

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.

We inspected Perth House on 8 November 2018 and the visit was unannounced. The inspection was carried out by two Inspectors, a Specialist Advisor (the Specialist Advisor background was clinical pharmacist) and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had 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 used all this information to formulate our inspection plan and form our judgement.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people using the service and four relatives. We did this to gain people's views about the care and to check that standards of care were being met.
We also spoke with the unit manager, three operations managers, service manager, four support workers, the cook and a domestic. The registered manager was on leave when we carried out the inspection and the unit manager facilitated the inspection.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

At our previous inspection on 14 August 2017 people's medicines were being stored in lockable cabinets in their bathrooms, which was considered to be too warm and humid to be suitable for the storage of medicines.

At this inspection visit we found the management of medicines provided assurance that people's medicines were stored safely. We saw medicines were now being stored in lockable storage in people's bedroom's. Medicine administration records were completed correctly and the stock balance of people's medicines were correct. Medicines fridge temperatures and medicine room temperatures were taken daily to ensure medicine were stored safely.

Records showed staff responsible for administering medicines had been trained to administer medicines. Competency assessments were completed for staff involved in medicines administration. We observed people being supported to take their medicines at lunchtime and were supported by a member of staff to take their medicines in a safe way. Systems were in place to report medicine errors, which included individual staff training following an incident. For example, there had been two incidents were staff had not recorded in the controlled drugs register. These were identified and dealt with correctly by the management team.

The medicines policy was accessible by staff members and was comprehensive. However, it was last reviewed in August 2015. The suggested revision date on the policy document was August 2017. We raised this with management The medicines policy was accessible by staff members and was comprehensive. However, it was last reviewed in August 2015. The suggested revision date on the policy document was August 2017. We raised this with management who agreed to review the medicines policy to bring it up to date.

People told us they felt safe at Perth House. One person stated, "When I need help at night, I press the buzzer, they [staff] don't leave you hanging about." Another person said, "Oh yes, I feel safe, as I am well cared for." Another person told us that staff checked on them twice during the night. However, a relative raised concerns about the manner in which a member of staff attempted to support their family member. They were concerned how the member of staff was not aware of the person's needs. We reported this to the unit manager and service manager who immediately began an investigation.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. One member of staff said, "I would report it to the manager." They were able to describe what to do in the event of any alleged or suspected abuse occurring. They told us they received training for this and had access to the provider's policies and procedures for further guidance.

Risks to people were identified and plans were put into place to ensure the safe management of risks. Records showed that when a person was admitted to Perth House staff, identified any areas where the person might be at risk and state what measures were needed to reduce these. Identified risks to people

such as falls and risk of pressure ulcers were assessed and relevant actions recorded to mitigate these risks. For example, one person required supervision when walking.

People felt the staff were available to provide support when they needed this. The staffing levels had been reviewed to reflect the support people needed. One person told us, whenever they had to use the buzzer staff attended promptly. The unit manager told us staffing levels were determined based on the needs of the people using the service. Staff we spoke with told us staffing numbers were sufficient to meet people's needs. A member of staff said, "Staffing levels are a lot better now, there are plenty of staff on the floor." Our observation showed that there were sufficient staff on shift during the inspection site visit We saw there were seven support workers and three senior care staff available throughout the day.

Recruitment practices were safe and ensured only suitable people skills were employed. Appropriate pre-employment checks had been undertaken before staff began working at the service. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us they were unable to start work until all the required checks had been completed.

We saw personal emergency evacuation plans (PEEPs) were in place. Copies of these were kept centrally. The PEEPs provided information on the level of support people would require in the event they needed to the leave the premises safely in an emergency.

Access to the building was via electronically controlled doors ensuring the safety of people and staff. All visitors were required to sign in and wear a visitor's security pass whilst in the home.

The provider ensured that the premises were clean and that staff understood how to prevent infections. There was personal protective equipment available and staff undertook relevant training to ensure they kept people safe from the risk of infection. There were checks and audits undertaken on a regular basis to ensure standards of cleanliness were maintained. The provider's food hygiene rating by the food standards agency during July 2018 was five stars. The food standards agency is responsible for protecting public health in relation to food.

The provider understood their responsibilities to ensure accidents or incidents were reviewed to identify any trends or patterns. Action taken in response to specific incidents was recorded and included referral to health specialists such as physiotherapy. This helped to ensure that action was taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People and their relatives told us they were supported by staff who were skilled to provide them with effective care and support. One person said, "The staff are always very attentive and all seem friendly." Another person told us, "Some staff think outside the box, which is good. I get support when needed and I never have any worries. I am very impressed with the care and support."

Assessments of people's needs were completed prior to their admission to the home to ensure their needs could be met. These assessments contained information regarding people's individual needs including people's physical needs and nutritional needs. People told us that their assessments focussed on their individual needs. Staff we spoke with were knowledgeable about people's individual needs and the information they gave corresponded with their care record. One member of staff said. "We're always being updated."

Staff were provided with training and support ensuring they had the required skills and knowledge to meet people's needs effectively. Staff we spoke with said they had regular training and support to carry out their duties. One member of staff said, "You can ask anything." Another described the training as, "Good." They told us they had received training in administering medicines and falls prevention, which was relevant to the needs of the people they supported. Staff also told us they received regular supervision and guidance to support them in their role and that senior staff were supportive and helpful. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. Staff told us they enjoyed working at Perth House. A member of staff said, "It's a good place to work."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At time of this inspection none of the people at the services were subject to a DoLS authorisation.

People told us they were asked for their consent and that any tasks were explained well. One person said, "They listen and offer alternatives." Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this.

People told us they were happy with the quality and choice of food. Comments included, "It's like being in a restaurant," "I can't grumble the meals are lovely" and "The food is very good, nothing spectacular but good

home cooking. There's always a couple of choices."

People were supported to maintain a balanced diet and their dietary needs were documented. One person told us staff were aware of their dietary needs and restrictions due to a medical condition. We spoke with the cook who had the main responsibility for preparing meals at the service. They told us that they were aware of people's specialist dietary needs, likes, dislikes and nutritional needs. We saw food for specific diets, such as gluten free, vegetarian and diabetic diets, was available. Staff we spoke with were also aware about people's dietary needs. A member of staff said, "If there are concerns about a person's fluid intake, we complete a fluid chart to monitor their fluid intake." We saw that people were provided with drinks and snacks throughout the day to ensure they had enough to eat and drink. People could also help themselves to a drink if they wished to. This ensured that people received effective support with their nutrition and hydration.

People were supported to access relevant health professionals when they needed to for the purposes of routine health and to provide rehabilitation and re-ablement. Staff at Perth House worked closely with health and social care professionals to ensure people's health and social care needs were met. Records showed that staff worked with a range of healthcare professionals, including GPs, physiotherapists and nurses.

During their stay peoples care and support was overseen by a range of health professionals, including physiotherapists, occupational therapists, and nurses who were based at the home. Staff confirmed if there were any concerns around people's health they were referred to the appropriate health professional as required. A person told us they were not feeling well and that a GP visit had been arranged. They later told us that they had been seen by the GP.

Accommodation was across two floors, there was a lift to enable people to access other floors. Corridors were wide allowing easy wheelchair access or for people using walking aids. Equipment such as hoists and walking aids were available to enable people to move around the home safely. An outdoor garden area was provided which people could access.

During the inspection visit we saw that Perth House was undergoing a planned program of refurbishment in some areas of the home. For example, both kitchenettes were being completely refurbished and carpets in all communal areas and corridors were being replaced with vinyl flooring. The unit manager told us that the work was on schedule and was due to be completed by early December 2018.

Good

Is the service caring?

Our findings

People and their family members were complimentary about the quality of care provided by staff. They told us that staff were caring. One person said, "Staff are ever so friendly and good. It's like a family and brilliant, nothing's too much trouble. It's really like a hotel." However, one person said, "The staff are half and half, a couple honestly are brilliant but others not so good."

We saw staff were caring, polite and respectful when speaking with people. Interactions between staff and people were warm and compassionate. We saw that a member of staff walking by a person, noticed that the person was new to the service and stopped to introduce themselves. Our observation showed a person was being discharged and a few members of staff went over to the person wishing them well.

Staff understood and supported people's communication needs and choices. Staff communicated with people effectively and used different ways of enhancing communication. For example, by touch, altering the tone of their voice appropriately and faced people whilst talking to them.

We saw people were actively involved in their rehabilitation and participated in deciding how to make progress. One person said, "They [staff] offer suggestions but let you do what you want." Another told us, "It's good when they offer different ways of doing things." People were listened to and were comfortable with staff. People told me they were pleased that staff listened and their views were taken into account. They told us staff were not rigid in how to complete a task but encouraged them to be independent in a safe way.

We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. One person said, "Staff always treat me with respect and knock on the door before entering."

All the staff we spoke with consistently showed they understood the importance of ensuring people's dignity in care. The also talked about choices, knowing people's routines and ensuring these were adhered to so the person received the care in the way they wanted in a dignified manner. They could give examples of how they did this such as closing curtains, approaching people quietly, giving clear explanations and covering people when they received personal care. One member of staff said, "I make sure I explain everything clearly." Another member of staff stated, "Dignity has to be there all the time."

People told us that they were supported to maintain relationships which were important to them and had experienced no restrictions on receiving visitors.

We saw information was displayed in the home regarding local advocacy services. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. The unit manager told us they provided people with information about how to access advocacy services if required.

Care files and information related to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was stored appropriately in accordance with legislation.

Good

Is the service responsive?

Our findings

People told us the staff responded to their needs and felt the service was beneficial. One person told us they were now walking better and hoped to be returning home soon. In a written survey we saw a response from a person which stated, "I couldn't walk when I arrived here but now I can."

The nature of the service was to provide short term rehabilitation, this meant that there was no regular person who organised activities. People did tell us that they were able to keep themselves occupied. One person told us that there had been a quiz in the lounge a couple of days ago. Another person told us they kept themselves busy by watching TV and talking to other people at the service. A relative said, "I would have liked to have seen structured activities for the residents however my relative has their own radio which they like to listen to." During the inspection visit we saw that some people were watching TV, talking to other people and some people had received visitors.

Care plans contained information about the person's needs and how these should be met. Care records we looked at for people at Perth House for rehabilitation, detailed the level of support they required and their individual goals. For example, where required physiotherapist worked with people to improve their mobility and achieve their goals. At the inspection visit we observed the occupational therapist carried out a stair's assessment with a person, to ensure they could use the stairs safely.

Staff knew people's likes and preferences and we saw that people's preferences were recorded in their care records. One member of staff said, "Each person is looked at as an individual."

Staff told us a handover took place at the start of each shift, staff were updated about people's needs and if any changes in their care had been identified. We observed the afternoon handover, which provided staff with an opportunity to share information about people's needs with the staff who were coming on shift. This ensured people continued to receive the care and support they required, as well as staff being aware of people's needs or any changes.

We checked if the provider was following the Accessible Information Standard (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires all providers of NHS and publicly funded care services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. The unit manager confirmed that information could be provided in accessible formats for people including information in large print and pictorial format. We saw there was information on display on how to make a complaint that was in large print and used pictures to aid understanding. We saw that a pictorial menu was being developed.

People told us they would inform staff if they had any complaints about the service. One person said, "I have no need to complain and I am very happy. The staff are very, very good." The complaints process was displayed in communal areas, so that people were aware of how to complain if they needed to. The information about how to make a complaint was given to people when they first started to receive the

service.

Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the management at the service. A system was in place to record complaints, which were reviewed by the providers complaints department at the head office. We saw that the provider had received two complaints in the last 12 months. Records showed the complaints were logged and action taken to resolve them.

At the time of this inspection visit the provider was not supporting anyone with end of life care.

Good

Is the service well-led?

Our findings

At our previous inspection on 14 August 2017, we found that accurate records were not always kept to ensure people received safe and appropriate care and their wellbeing could not be monitored effectively.

At this inspection visit we saw that improvements had been made in this area. We found that care records we looked at contained clear information regarding people's individual needs and the support they required. When new admissions were received, the provider ensured that all relevant information regarding a person was up to date. For example, risk assessments contained information regarding any equipment a person required to support them safely, such as walking aids.

At the last inspection records around people's nutritional needs were not fully completed. At this inspection, we saw that the records in this area were accurately maintained. For example, a food and drink intake record we looked at showed that it had been clearly completed, recording the details of the person's dietary intake so that their nutritional needs could be monitored. The unit manager explained that after three days the completed chart would be reviewed by the nurses on site and decide if any further action is required such as making a referral to a dietitian.

At the last inspection on 14 August 2017 we found that monthly medicines audits were not being clearly documented and it was difficult to see where issues were identified and any action taken to put things right. At this inspection visit we saw that the medicines audits had improved and supported the provider to make improvements in medicines management. For example, when audits picked up shortfalls, action was taken to resolve the issues such as staff receiving further training.

People we spoke with were very happy with the support that was provided by the service and expressed no concerns with how Perth House was managed.

The provider had systems in place to take account of people's opinions of the service. Surveys were undertaken monthly by people using the service. Most people were happy with the service provided and had written comments such as, "Everything handled very well", "Very beneficial" and "All staff very helpful". We saw that any adverse comments were being addressed. For example, the majority of people had responded that they had not received any information about the service prior to their admission. This was being addressed and an information sheet was being developed.

The provider had systems in place to ensure the service was well run and was a safe environment to work in. There were audits and checks in place to make sure any incidents were identified and action plans were developed to mitigate any risks. For example, where a person had had a fall, action to prevent further recurrence, such as referral to other professionals and additional supervision, was in place.

The provider had arrangements in place to monitor the safety of the premises and maintaining the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and hoist servicing.

Staff were positive about the culture of the home and about the quality of care they provided. Staff told us they enjoyed working at Perth House and were complimentary about the good support they received from the management team. One member of staff said, "The home is well managed, my line manager is very supportive and approachable." Staff confirmed staff meetings were also held regularly and they felt they were able to suggest improvements. For example, a suggestion for more footstools had been addressed.

The registered manager and staff worked in partnership with other agencies such as local GP practices and specialist community health teams, ensuring people received the support they required. The ethos of the service centred on re-ablement and supporting people to be as independent as possible.

The provider was clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any restrictions and allegations. We received notifications from management in a timely manner and they responded to our requests for additional information when required.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home and their website.