

Percy House Limited

Percy House

Inspection report

50-52 Beaconsfield Street

Blyth

Northumberland

NE24 2DS

Tel: 01670 354815

Website: www.percyhouseblyth.com

Date of inspection visit: 19 and 21 November 2014

Date of publication: 22/04/2015

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 

Overall summary

This inspection took place on 19 and 21 October 2014 and was announced. A previous inspection undertaken on 18 October 2013 found there were no breaches of legal requirements.

Percy House is registered to provide accommodation for up to 17 people who have a learning disability or mental health issues. At the time of the inspection there were 17 people using the service.

The home had a registered manager in place. 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.

We saw there were procedures in place to keep people safe. Staff understood what action to take if abuse was suspected and how to report it. Staff had a good knowledge of how to recognise abuse and they demonstrated a good knowledge of whistleblowing procedures.

Summary of findings

There were sufficient staff on duty to meet people's needs and staff were suitably qualified and experienced for their role. Staff received the correct training for their role. There were effective recruitment procedures in place and suitable checks were completed before staff started working at the service.

The service had a system in place that managed people's medicines safely. Medicines were stored, administered and disposed of correctly.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Mental capacity assessments were in place for each person and best interests meetings were held to ensure that all actions taken were in the best interests of people in line with legislation.

People were happy with the food provided by the service. We saw people had a choice of what they wanted to eat and where people needed a special diet this was provided. Staff knew people well and had a good understanding of their needs. They were respectful to people and were patient when supporting them. We saw staff enabled people to make decisions for themselves whenever possible. People's wellbeing was monitored and people were supported to access support from healthcare professionals, such as, general practitioners.

People's care was assessed and they had individual care and activities plans based on their needs, likes and dislikes. People chose what activities they wished to engage in and when they liked to do them. People were supported to access the local community. There was a complaints procedure in place and people were provided with a copy in case they had any concerns about the service. The service took complaints seriously and responded to them quickly. There was a system in place to record complaints and any action taken to resolve them.

Staff respected people's privacy and dignity. Staff spoke with people as equals and communicated well with them. They involved people in their care and explained the choices available to them. We saw staff had received training in equality and diversity and worked hard to preserve people's rights.

The registered manager monitored the quality of care. Surveys were carried out to obtain the views of people who lived at the service. Audits were also carried out for areas such as health and safety, infection control and fire safety. We saw staff views were obtained during individual one to one supervisions and staff meetings. Meetings were held for people who used the service and staff. Records were well maintained and were stored securely. Staff felt supported in their role and listened to by the registered provider and the registered manager. Staff had a good relationship with people who used the service and staff the registered provider promoted a positive culture of care within the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who lived at the service told us they felt safe there. Staff had received training in safeguarding vulnerable adults and knew how to recognise and report abuse.

There was a recruitment procedure in place to ensure staff were appropriately experienced and qualified to work at the service.

We saw there was enough staff on duty to meet people's needs. There was a system in place to manage medicines safely. Staff had received training in the safe handling of medicines. We found the premises were safe, clean and well maintained.

Good



Is the service effective?

The service was effective.

Staff received suitable training for their role.

Assessments had been undertaken in line with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure that care or treatment was being provided in people's best interests.

People told us they were happy with the food and drink provided at the service. Staff were aware of people's dietary needs.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care provided for them. They said they were well supported at the service and that their needs were met. We observed that staff cared for people appropriately.

People were involved with their care. They were provided with support and information to promote their independence.

People were treated with respect and dignity by staff who were able to maintain their privacy.

Good



Is the service responsive?

The service was responsive.

People who used the service had individual care plans in place which recorded their needs. Assessments were completed before people began to use the service and the service liaised closely with other agencies to provide support to people.

Activities were centred on the needs of the individual and there was a wide variety available.

There was a complaints system in place and people were provided with details of how to complain.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager undertook a range of audits to ensure the service was safe and effective. She monitored the environment and records were kept of her findings.

Staff and people who used the service were very positive about the registered provider and the registered manager and told us how approachable they were. Staff felt they were involved in running the service.

We saw meetings were held with people who used the service and with staff. We saw the registered provider and the registered manager provided good support to people who used the service and staff. A positive culture of care was promoted within the service.

Percy 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.

Due to the needs of people who used the service this was an announced inspection which was carried out by an adult social care inspector and a specialist advisor who was a registered mental health nurse and who had experience of providing nursing care and support to people with a learning disability or mental health issues. We visited the service on 19 and 21 November 2014.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. They had no comments to make on the running of the service.

We spoke with 10 people who used the service. Most people at the service were able to communicate with us well and expressed their views freely. We also spoke with two relatives to obtain their views on how care and support was delivered to people and a social worker from the community learning disabilities team (CLDT) who had responsibility for most people who used the service and knew the service well. We talked to the registered manager, the registered provider and five care staff at the service.

We observed how care and support was delivered by the staff team in the communal areas of the service.

We examined four care records for people who used the service and four records of staff. We reviewed medicine administration records for the people who used the service and reviewed the quality assurance records the registered provider had in use.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe at the home. Comments included, “There are no problems here. It is very safe for me”; “The staff make sure I am alright” and “The staff look after me and if I am worried about anything I speak to them.”

We spoke with a number of health and social care professionals, none of whom raised any concerns about people’s safety in the home.

We spoke with staff who told us they were aware of the provider’s safeguarding policy and that they had received training in safeguarding adults. Staff described to us what abuse was and the correct procedure to follow if they suspected someone was at risk of harm. Staff told us how they reported incidents to their management, the local authority safeguarding adults team, the Care Quality Commission (CQC) or the police.

We saw the registered provider had policy documents in place for safeguarding adults and their whistle blowing procedure. The staff we spoke with told us they were aware of the company’s whistle blowing policy, which explained how they could raise any concerns they had relating to poor practice within the home. Staff told us they felt that any concerns raised would be taken seriously by the registered manager. We checked records and saw the registered provider kept a log of safeguarding incidents. We saw there were no current cases of safeguarding on-going. Any incidents that had been recorded had been correctly reported to the local authority safeguarding adults team and the CQC.

We saw people who used the service had individual risk assessments in place which identified the risks to people’s health and well-being. For example, where one person’s health was at risk due to their dietary intake the risk assessment contained clear instructions for staff on how to manage the diet of the person and provide the correct support. We saw risk assessments were also present that provided instruction to staff on how to manage risks in the home environment. For example, slips, trips and falls.

The registered manager told us the staff team consisted of 24 care staff in total including both part-time and full-time staff. We saw that the staffing levels were based on the dependency of people. Assessments had been made of people’s needs by social work professionals and this was

used to determine the number of staff hours necessary. Staff rotas showed that there was sufficient staff on duty to meet people’s needs. One member of staff told us, “There are plenty of staff here to do the job”.

We saw there were recruitment and selection processes in place. These included undertaking appropriate checks before staff began work. We reviewed four staff records and saw application forms had been completed by applicants in each case. This included an employment work history. The registered manager told us all work history was checked with every applicant and any gaps were explored. Two references had been requested for prospective new staff including one from a previous employer. We saw that these were held on file and that follow up checks had been completed with people who provided the references. We saw enhanced checks with the Disclosure and Barring Service (formally the Criminal Records Bureau) had been completed and reference numbers were kept on each file. Applicants provided proof of personal identification and proof of residence which were also kept on file. These checks were in place to ensure unsuitable persons were not employed.

The service had a security system in place which included a fire alarm. Fire equipment, including extinguishers, was checked regularly. Regular tests of the fire system were completed and recorded. We saw all staff had received training in fire safety and there were emergency procedures in place for the evacuation of the home. Each person had an emergency evacuation plan in place. We saw safety checks had been completed for the fixed electrical system and for portable appliances such as kettles. A gas safety check had also been completed for the service. These checks had been completed by qualified professionals and safety certificates had been issued for the service.

The registered provider had a system in place to manage people’s medicines. We saw staff used the Biodose Pharmacy 2000 system. Staff told us this system was efficient as it allowed individual doses of medicine including in liquid form to be taken out by staff during the day. They were counted and recorded on medication administration records (MARs). We saw staff signed these records for all administration. Medicines were stored effectively and were clearly marked with the name and date of birth of people clearly displayed. We examined the storage areas and found that medicines were kept safely in locked cabinets which were secured.

Is the service safe?

The registered manager used a second record of daily administration recording which was displayed on the drugs cabinet in the office. This was used as a visual prompt for the registered manager to check if everyone has received their medications as prescribed.

All staff who administered medicine had received training up to a level of BTEC level three in the safe handling of

medicine. Regular checks were made and staff were observed handling and administering medicines, to assess their competence in these tasks. These checks were recorded and formed part of the staff supervision record. This meant staff understood the implications and risks involved with the administration of medicines.

Is the service effective?

Our findings

People who used the service told us they felt the staff at the service were suitably trained and experienced to support them. Comments included, “I don’t know about their training but they (staff) know what they are doing” and “They know how to do their job and they are good at it”.

The premises were adapted from domestic housing accommodation to meet the requirements of people using the service, and was clean and, well maintained. Records showed there was a continual schedule in place for works including; decoration, maintenance and building work. The building contained 15 bedrooms. People had access to a large number of bathroom and toilet facilities. There was a large communal lounge on the ground floor and a dining room next to a kitchen and laundry. Throughout our inspection people seemed relaxed and comfortable at the home. People told us they liked the environment. Comments included, “I like the home. I don’t need anything more” and “The home is well decorated”.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. We saw policies and procedures were in place for these safeguards. Where people did not have the capacity to understand the choices available to them we saw the registered provider acted in accordance with legal requirements. If people lacked capacity we saw this had been assessed by a mental health professional to see if a restriction of their liberty was required. We saw the registered manager and senior staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS).

The staff demonstrated good knowledge of these areas and were able to describe how important it was to enable people to make decisions for themselves. For example, one person was supported to manage their own money and chose to gamble a small amount on horse racing as horse racing was their main interest. We saw best interests meetings were held to ensure that all actions taken were in the best interests of people in line with legislation. For example, where one person required support with their finances this was reviewed and recorded in a meeting. This meant people’s rights were respected and people were protected from abuse.

We observed staff providing support to people. Staff asked people for their permission and consent before providing any support. We saw people were asked if they would like to take their medication or needed any support. People we spoke with were able to express their views freely and understood their rights. One person told us, “The staff always ask my permission. They never tell me to do anything”. We also watched as staff knocked on the door of people’s bedrooms and waited for the person’s permission to enter.

We observed a mealtime at the home. It was relaxed and there was good interaction between staff and people who used the service. We saw there were sufficient staff to support people at the mealtime. People enjoyed their food. Their likes and dislikes were recorded in their care plans and the menu was based around those choices. People told us they liked the food they had at the service. Comments included, “I like the food and the portions are good” and “We are asked what we like to eat and the food is very nice.” We saw there was a menu in place that was reviewed regularly. People had a good choice of fresh food and drinks at every mealtime. We spoke to staff who told us they catered for people’s individual tastes. For example, one person did not eat well from the menu and was provided with food they liked such as, omelettes.

We checked four staff records and saw they were suitably qualified and experienced for their role. Records showed staff received training in areas such as, safeguarding adults, the safe handling of medication, fire safety, infection control and first aid. The registered manager held a degree in social work and was planning to start more specific training in mental health. There was evidence to confirm staff had received additional training in areas specific to their role. For example, mental health awareness, epilepsy, diabetes and nutrition. Staff had also received training in equality and diversity and worked hard to preserve people’s rights. We spoke to staff about the quality of the training and induction they received. One staff member told us, “The training has been spot on. Within two weeks of starting I was on NVQ training and straight into my mandatory training”.

Staff received supervision sessions every month and an annual appraisal. Supervision sessions are used to check staff progress and provide guidance. We saw copies of supervision documents where staff discussed matters relevant to them such as further training and competency.

Is the service effective?

We checked records and saw evidence that staff had been supported to make professional progress. For example, one person had not come from a care background and had been supported to gain a number of qualifications together with practical experience in their role.

In discussions, all of the staff we spoke with were knowledgeable about people's individual needs. They were

able to describe in detail how each person needed and preferred to be supported. For example, one person had a routine and liked to do the same thing at the same time each day such as, visit a betting shop. We saw staff worked hard to maintain that person's routine.

Is the service caring?

Our findings

People and their relatives said they were well cared for at the service. People said, “I am looked after very well”, “Yes, the staff are caring. They look after me” and “I would be lost without them (staff)”.

We spent time at the service observing how people were cared for. People were cared for and treated with dignity and respect. There was a relaxed atmosphere at the service and people came in and out freely throughout the inspection and seemed relaxed and at ease. We saw they regularly made decisions for themselves such as, where to go or what to eat. Staff had a professional attitude to their work and they had a relaxed friendly manner with people who responded to them in a positive way. We saw staff members had a great deal of empathy with people at the home. This led to a good level of rapport between people and staff.

Staff demonstrated a caring attitude towards people who used the service. We saw a number of good examples of care. For example, one person wanted to sit and talk and the member of staff concentrated fully on what that person was saying and did not interrupt them. Then when it was appropriate they spoke. This made that person feel valued and listened to.

Staff respected people's privacy and dignity. We observed staff ensure people took their medication away from the view of others. Staff spoke with people as equals and communicated very well with them. They involved people in their care and explained the choices available to them. They regularly asked people what they liked or what they wanted to do. Their conversations together were based around the needs and wishes of people.

People were involved with decision making about their care. We saw evidence that these decisions had been recorded in their care plans. For example, if people wanted to attend the dentist or the optician.

The people who used the service were independent and able to complete many tasks for themselves. We saw care plans recorded that people had easy access to health professionals like general practitioners and dentists as they needed them. We noted people were supported to attend appointments with these health professionals. This ensured their wellbeing was maintained.

We also saw that where people required support in the form of an advocate this was provided. We saw that one person was subject to a community treatment order. This is an order made by a clinician such as a psychiatrist who allows a person to continue to receive treatment within a community setting rather than in a hospital. This increased people's independence. We saw this person had been provided with an independent advocate and was being supported with an appeal in relation to the order.

People were also supported with their personal finances and a system was in place to record any action taken on their behalf. Where people lacked capacity with finances or health we saw this had been fully assessed and reviewed. People were provided with a service user guide that explained what the home provided and what people's rights were. Contact details for agencies such as, the local authority safeguarding team and the Care Quality Commission were also provided. This meant people understood their rights.

Is the service responsive?

Our findings

People told us they felt they were involved in making decisions about their care. Comments included, “I go to meetings and we talk about my care” and “I decide what I want to do and when I want to do it”. Another person told us, “I like to stay in my room and it is not a problem”.

We looked at people’s care records. We saw these records included assessments of what support and care people needed including areas such as, mobility, nutrition, personal care, behaviour and communication. We saw the registered manager completed a pre-admission assessment for people before they started using the service. Mental capacity assessments were in place for each person and best interests meetings were held to ensure that all actions taken were in the best interests of people in line with legislation. There was evidence in the care records that review meetings took place monthly. These meetings included the people who used the service, staff and social work professionals and family members should they wish to attend.

The registered provider used the mental health recovery star model of assessment and care planning. This system recorded evidence of the progress of people with mental health issues. This evidence was then used to identify what worked for people, formed part of their recovery plan and set goals for them. However, not all records used all 10 points of the recovery star. For example, some records only used three elements such as, mental health, improving a safe environment and engagement in social activity. We discussed this with the registered provider and the registered manager who agreed to review the process and expand their use of the recovery star model. We concluded that full use of this care planning system would lead to better quality care for people.

We looked at people’s care plans and saw they were person-centred. People’s needs were documented along with instructions to staff on how to provide care and support. For example, where people developed relationships there was guidance to staff on how to support people with this. We spoke with staff and discussed how they got to know people and how they understood what their individual needs were. Staff told us they reviewed people’s care plans and discussed their needs at team meetings. They also said they talked to people and discussed their needs with them.

Care plans included information about people’s life history. We saw evidence that care staff identified changes in people’s needs and acted to make sure they received the care they needed. For example, we saw evidence that where one person’s physical health had deteriorated an immediate referral was made to the correct medical professional for advice and support. In addition one person recently suffered a heart attack and staff acted promptly and took the correct action that ensured their survival. Staff also obtained emergency medical care for the person.

We saw people were engaged in a number of activities. We saw care plans were focused on the individual and were designed to allow people to develop their own personal skills. For example, people attended a local day centre and took part in cooking, information technology and art and crafts. People were supported to access the local community including visits to a Northumberland cheese farm, garden centre, a Christmas fayre at Kirkly Hall and the Hexham Christmas fayre. Holidays were also organised and people visited Edinburgh, York, Kielder and a camp site in Northumberland. People were very happy with the activities. Comments included, “I like holidays” and “I am always doing things”.

On an evening there had been various activities planned at the home. For example, a Halloween party and a fireworks display had been held, a Bollywood singer attended regularly and a Macmillan cancer coffee morning was held every week at the service. The registered provider had also linked with the special Olympics where people were encouraged to take part in sporting activities such as, swimming. We saw one person loved horse racing and a trip had been organised for them to attend Hexham racecourse. The home had its own mini-bus for use on activities. This meant people were supported and encouraged to engage in activities and access the community.

The service had a complaints system in place to record and monitor complaints. The complaints system was displayed on a notice board in the communal lounge. People or their representative were provided with copies of the complaints policy on entering the service. We reviewed the homes complaint records. There had been no complaints recorded in the last twelve months.

We spoke with people who used the service. One person said, “I have nothing to complain about”. One relative said, “The staff are always there to talk over any concerns she

Is the service responsive?

has.” The registered provider told us he took immediate action if there were any issues. He told us that the service was very open and he regularly obtained people’s feedback which prevented complaints.

We saw the registered provider responded to requests raised from surveys sent to people who used the service.

For example, people liked the Bollywood singer and asked for her to come back. We saw this had been organised. We also saw the he responded to suggestions from staff. Records showed staff had suggested a new policy on social media use and that this had been adapted for staff at the home.

Is the service well-led?

Our findings

People told us they were very happy with the management of the service and how it was run. Comments included, “The manager is excellent. It is like a family here” and “You can go to the manager with anything”. In addition we spoke with a social work professional about the service. They told us, “The perception of the home is very positive. It is well established and people are well cared for”.

A registered manager was in post and was registered with the Care Quality Commission in line with legal requirements.

The registered provider and the registered manager demonstrated openness and transparency by conducting surveys of people’s views about the service and holding regular meetings with staff and people using the service and encouraged people to take an active role in these. We reviewed responses to the surveys. The responses were positive and included, “Percy House had given me my independence back” and “I am happy here and I am happy that I have a room on the ground floor”. We saw that meetings were held with people who used the service and that these were held monthly.

We saw that staff meetings were also held monthly. At the last meeting in October 2014 staff discussed an introduction to new methods and practices in food hygiene and continence. In addition staff had completed a learning session as part of the meeting and discussed safeguarding adults and whistleblowing. We saw the provider had organised an open session for healthcare and social work professionals to visit and discuss the service and what it would benefit from.

We observed how the registered provider and registered manager acted during the inspection. We saw they had a

positive relationship with each other, with staff and with people who used the service. They worked hard to promote a positive culture of care and were always available to people and staff. The registered provider had clear policies and procedures in place which supported the day to day running of the service. For example, diversity, equality and professional boundaries.

Staff told us they were very happy at the home and that they enjoyed working there. Comments included, “I am supported by the management. Since starting they have helped me become more confident in my job” and “The management here really look after you. I know it should be the other way around but I live to work now rather than work to live. I couldn’t be more happy”.

The safety audits of the home were completed by the registered manager and the registered provider. This included areas such as health and safety, infection control, fire safety and the safe handling of medication. We saw the medication audit was detailed and was completed weekly by the registered manager.

Accidents and incidents at the service were recorded and monitored. The manager kept monthly records of accidents and injuries for the service. The service reviewed these to monitor for trends, patterns or possible causes of the incidents. This meant the provider had a system in place that identified risks to people who used the service.

We saw the provider had a disciplinary procedure in place for investigation into poor practice or misconduct.

We reviewed records such as, care plans, risk assessments, medicine administration records and safety records such as audits the registered provider used. We found they were regularly reviewed and up to date. Care plans were detailed and fit for purpose. All records were stored securely.