

Greensleeves Homes Trust

Pelsall Hall

Inspection report

Paradise Lane
Pelsall
Walsall
West Midlands
WS3 4JW

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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

About the service

Pelsall Hall is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 41 people.

The home is a purpose built building with communal spaces and bedrooms laid out over three floors.

People's experience of using this service and what we found

People gave us consistently good feedback during our inspection. Typical comments included, "The food here is perfect, they over indulge us," and "My room is lovely and I can't fault anything about this house." Relatives were equally positive and staff told us how much they enjoyed working in the home. One relative said, "I cannot fault anything here; my relative is so happy, they are well looked after and are looking twenty years younger!"

People felt safe and there were enough experienced and suitable staff to meet people's needs. Medicines were well managed, and people were protected from the risk of infection and harm.

The service worked well in partnership with other professionals to make sure people stayed healthy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with care and respect and ensured that people retained their independence as much as possible. People were given choices and staff knew how to communicate with people.

People enjoyed a varied activities programme that was based on their interests and hobbies and enabled people to feel a part of their local community. Care and support was personalised and organised to meet the needs of the people who lived in the home.

The service was well-led and the new manager had had a positive impact on the quality of the service. People, relatives and staff felt engaged in the running of the home and the provider gave managers good support to make any changes that were required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 05 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Pelsall Hall

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Pelsall Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was not currently registered with CQC but had applied to become the registered manager with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the manager, the deputy manager, senior care

workers, care workers and the activities co-ordinator. We also spoke with three healthcare professionals who were visiting the service during the inspection.

We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place for dealing with concerns and staff understood the importance of reporting any potential abuse.
- One member of staff told us, "I have reported things to local authority safeguarding teams before, so I know how to do this."

Assessing risk, safety monitoring and management

- People and their relatives told us the home was a safe place to be. One person said, "One of the main pleasures of being here is that I feel safe."
- Staff understood the risks to people and knew how to reduce the risk of accidents. For example, one member of staff said, "I am a qualified moving and handling trainer and we are pretty hot on this."
- Risk assessments were reviewed and amended when people's needs changed or following a fall to ensure the guidance for staff was up to date.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep people safe. This meant that people did not have to wait for support. One visiting professional told us, "The staff are always around and I never see people having to wait."
- Recruitment records showed that the provider carried out checks on staff before they were employed at the home to make sure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were stored safely and given to people at the right times. Staff had received training to give medicines safely and managers checked staff competence on an annual basis.
- Some people required medication "as and when required" and there was clear guidance for staff to follow when giving these medicines.

Preventing and controlling infection

- All areas of the home were clean and free from clutter which helped reduce the risk of infection. We observed staff wearing gloves and aprons when delivering care and staff told us there was always supplies of these around the home.
- The home was awarded the top rating for their food hygiene processes in September 2018 by Walsall

Council.

Learning lessons when things go wrong

- Records showed that managers looked at incident and accident records to monitor any trends so that action could be taken to reduce the risk of further harm. For example, we saw how one person's bed had been lowered following a number of falls from their bed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to admission to make sure the service could deliver the right care and support. This included finding out about people's religious and cultural preferences so that these could be met.
- All of the healthcare professionals we spoke with were happy with the way the home worked in partnership with them. For example, one professional told us, "The staff team always follow my instructions and people do well as a result."
- We saw that staff made referrals to other agencies and supported people to attend appointments as and when needed.

Staff support: induction, training, skills and experience

- Staff told us they received training that was relevant for their role and people's needs. Records showed that staff completed mandatory training and some staff had been trained to deliver courses to colleagues.
- The manager told us that the induction programme was currently under review and would be updated ready for some new staff who were joining in the next few weeks.

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

- We observed people enjoying their food and being offered drinks throughout the inspection. One person told us, "The food is very good here. We get three options each meal and I enjoy choosing different things".
- Records showed that where people had lost weight, action had been taken to monitor people's food and fluid intakes and ensure more assistance was given with encouraging people to eat.
- The kitchen staff were aware of dietary needs and ensured people had high calorie foods or soft diets if needed.

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

- The home was spacious and well decorated with plenty of spaces, including a large garden for people to use. The service was planning to build a large summer house, so people could have a private space to meet family and friends.
- The home was well signed so people could find their way around and bedrooms were personalised with décor and belongings that people liked.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare support when required. One person told us, "I have had a couple of episodes of high blood pressure and staff have got the GP in straight away."
- Visiting healthcare professionals told us that staff were "very vigilant" in monitoring people's health needs which meant people received prompt assistance. One relative told us, "On one occasion, my relative was taken to hospital. Nothing was diagnosed but it was reassuring how quickly the home acted on their concerns".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The provider was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty.
- Where people lacked capacity to make decisions about their care, relatives and other professionals were involved in making best interest decisions to ensure people received the right care and support. For example, a meeting had recently been held to agree that one person should receive their medication covertly.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us how they felt well cared for. For example, one person said, "I am very happy and settled here. I have my hair done here and also my fingernails get painted which is lovely." Another said, "Staff are very good to me and treat me very well."
- Relatives told us their family members were treated with respect and good humour. One relative said, "I have never seen a bad carer; they make my relative laugh and are always having a joke with everyone."
- People were supported to meet their cultural and religious preferences such as attending places of worship. One relative told us, "The vicar comes and gives my relative sacrament which is important to both of us."
- We also observed one person reading to a member of staff, who did not use English as a first language, to help improve their knowledge and understanding.

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

- We saw that people were given choices about their daily care and routines. For example, we saw staff asking people what they wanted to eat and whether they wanted to join in with activities.
- Staff understood the importance of giving people choice and control. For example, one member of staff who worked nights said, "Some people like to get up early but this will vary from day to day so people can choose when to get up – there is no pressure."

Respecting and promoting people's privacy, dignity and independence

- We saw that relatives and friends were free to visit people at any time and were made to feel welcome by the staff team.
- We also observed staff stepping back and letting people do things for themselves such as walking around the home. People were also encouraged to eat their meal themselves using appropriate aids where applicable, however staff were on hand to help if needed.
- Staff respected people's privacy and dignity by ensuring they knocked on people's doors before entering and we saw staff take care to allow people to spend time alone with visitors.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their individual needs and had a positive impact on their health and well-being. Care plans were personalised and helped staff give responsive care. For example, one relative told us, "My relative did have a catheter when they first came here but the staff have done so well, it is not needed now."
- Staffing was organised flexibly to make sure people received the support they wanted. For example, one relative told us how the service had arranged for a member of staff to go to a family wedding with one person to make sure they could attend.
- Visiting professionals told us how staff went the extra mile to make sure people's needs were met. One professional told us, "We can ring ahead and the staff also make sure each person has a familiar member of staff with them for any appointments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was displayed in communal areas using pictures and symbols to help people know what was going on in the home.
- Staff understood how people could communicate and made sure people could make informed choices. For example, one member of staff told us, "We do have some pictures which we use to help people make choices. I know [person's name] well and they will smile when they want something".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People told us they enjoyed the activities that were organised by the staff team. One person said, "I like living here very much. We have very stimulating activities and I am quite impressed by this".
- Activities included day trips and inviting local community groups into the home, which people and relatives said were very popular. One relative said, "Our relative loves it when the local nursery school comes into visit as they used to be a nursery teacher."
- Relatives felt involved in the activity programme and were sent photographs and invited to various events such as summer fetes. The home also had a number of pets and animals which people enjoyed looking

after.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints policy in place and followed this when any complaints had been received.
- One relative said, "I have never had any cause to complain, if I did I would certainly tell the manager."

End of life care and support

- No-one in the home was receiving end of life care at the time of the inspection but staff had received training in giving person-centred end of life care.
- People's files had end of life care plans which outlined how people wanted to be cared for in the future.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw that the provider was open and honest, and managers took decisive action to address any concerns raised such as completing thorough investigations and addressing any under performance by staff.
- Records showed that people and relatives had been informed of any incidents or accidents and the rating from the last inspection was on display so that visitors were aware of this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives recognised that the manager had improved the home since being appointed. One relative told us, "The new manager has taken hold of things and they are spot on with their methods. I know I could approach them if I had any concerns or worries".
- Staff were also positive and were confident that the management team were knowledgeable and improving the service. One member of staff said, "The new manager is great; they are experienced and know what they are talking about."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke positively about the open and caring culture that managers had created. One member of staff told us, "I love this place. Managers are much more open to ideas compared to other places I have worked".
- We saw that the manager and deputy manager were visible, knew people well and carried out random spot checks to ensure people were receiving a good service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given the opportunity to be involved in making decisions about the home. For example, there was a 'wishing tree' in the reception where people could make requests and we saw the provider had followed up on these. For example, a barge trip had been organised following a specific request.
- The service had developed a number of good relationships with local community groups. For example,

children from the local school attended a reading group every week and volunteers had been recruited to take people to church.

- Annual surveys were used to gather feedback as to how the home could improve and the activities team were developing a newsletter to keep people and relatives informed.

Continuous learning and improving care

- Audits and checks were carried out to make sure the environment and the delivery of care was safe and good quality. These were used to address areas of concern and any gaps in the service.

- The provider supported the quality assurance process by completing their own visits which were fed into action plans. Managers kept themselves up to date by attending briefings and meetings held by the provider.

- The provider used the provider information return to assess the improvements that had been made in the home and to identify further improvements.