Birmingham City Council

Perry Tree Centre

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 08 December 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in December 2015 and was rated as 'Requires Improvement' overall.

Perry Tree Care Centre is located in a building where several services are based. These included an enablement unit, day services, community services and a restaurant. This inspection relates to the residential unit only where up to 32 people live with conditions relating to old age, physical disability and dementia. At the time of our inspection there were 30 people living in the residential unit.

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

People were kept safe. Staff had received training and understood the different types of abuse and knew what actions to take if they thought a person was at risk of harm. Staff were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical care and support needs. People's medicines were managed and administered safely and as prescribed.

People were supported by sufficient numbers of enough staff that had been safely recruited. People and relatives felt that staff demonstrated the appropriate skills and knowledge to provide good care and support. Staff were trained and supported so that they had the knowledge and skills they required to enable them to care for people in a way that met their individual needs and preferences.

People were encouraged to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS) and how to support people within their best interests. Staff were respectful of people's diverse needs and the importance of promoting equality.

Staff were caring and treated people with dignity and respect. People's independence was respected and promoted. Staff responded to people's support needs in a timely manner. People and their relatives felt they could speak with the provider about their worries or concerns and were confident that they would be listened to and have their concerns addressed.

Staff spoke positively about the service provided and the supportive culture they had established at the home. The registered manager had quality assurance and audit systems in place to monitor the care and support people received. This ensured where improvements were identified action could be taken so people continued to receive a good service. During our inspection we shared with the provider the areas of

improvements we had identified in the systems that could further improve the service and minimise the potential risks to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the importance of involving people in their care, obtaining consent and providing choices to people. Systems were in place to ensure people's liberty and choices were not restricted unless it was in their best interests.

People were supported with their nutritional needs and to receive medical care and attention when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed and to maintain relationships with people who were important to them.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had systems in place to assess and monitor the quality of the service but this was not always effective.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Perry Tree Centre

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 08 December 2016 and was unannounced. The membership of the inspection team comprised of two inspectors.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also looked at reports sent to us by the Local Authority commissioning service and referred to the Health Watch website for any relevant information to support our inspection.

During our inspection we spent time with three people living at the home. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. People who could not communicate verbally used other methods of communication, for example; gestures. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. We carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves.

We spoke with nine people who used the service, four relatives, three members of staff and the registered manager. We looked at records that included three people's care records and the recruitment and training records for three staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and audits carried out to monitor and improve the service provided.

Good

Is the service safe?

Our findings

People spoken with told us they felt safe with the service provided and that staff supported them with their care needs. People spoken with told us they were happy and felt safe in the home.. A relative told us, "Staff are lovely, very good they know [relative] well. They pop in and make sure [person] is okay."

Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. They gave us examples of some of the signs and symptoms that might alert them to be concerned. This included looking for bruises and injuries and any changes in people's behaviours such as not wanting to socialise, becoming withdrawn and not communicating. One staff member told us what action they would take if they suspected that someone was at risk of harm or abuse, they told us, "I'd inform the manager or senior staff of my concerns". Information we hold about the service showed that we kept informed about incidents that had occurred and that the appropriate actions were taken by staff.

Several people were being closely monitored due to their behaviour or their health condition. One relative told us that their family member had been pushed a couple of times by another person that lived in the home. The relative told us that following the second occurrence they had met with the registered manager to put a plan in place to ensure their family member was checked on regularly. The relative was assured that the checks were taking place as they saw the staff doing the checks whilst they were visiting their family member. This showed that actions were taken to keep people safe following incidents that had occurred.

Risks associated with the people's needs had been identified, assessed and management plans put in place. We saw that risks such as poor eating and drinking, developing damage to skin and falling had been identified and plans put in place to minimise the risks. For example, people at risk of not eating and drinking enough were referred to the appropriate professionals and supported to eat extra calories to help them maintain good health. People at risk of developing skin damage were provided with equipment such as pressure relieving cushions and special mattresses for their beds. We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. For example, we saw that one person who was at risk of falling due to not wearing their shoes was encouraged to put their shoes on to prevent them slipping. Staff told us that they had access to risk assessments and care plans so they could look at how to support people safely.

Staff knew what actions to take in the event of any emergency situations. We saw that emergency buzzers were answered. We saw that when one person became unwell during our inspection staff took the appropriate actions to ensure that emergency medical advice was sought and the person was escorted by staff to hospital as advised by the paramedics.

The registered manager told us and we saw that there were staff with particular responsibilities including care, cleaning and catering in the home. Staff spoken with told us that there were sufficient staff to support the people they cared for but there were some occasions when they were very busy. This was usually because the numbers of staff were lower than the required eight staff and this meant that although they

were able to meet people's needs they did not have much time to spend with people on a one to one basis. We saw that care staff were also responsible for changing beds and putting people's clothes back into their bedrooms when it was returned from the laundry. When we discussed this issue with the registered manager he told us that he was looking at how these tasks could be carried out by other staff. This should mean staff would have more time to spend with people they were supporting.

Staff told us and records confirmed that the appropriate recruitment checks were undertaken to ensure that they were suitable to work with people. Recruitment checks included previous work references and checks with the Disclosure and Barring Service (DBS) which helps providers to make safe recruitment decisions. The Provider Information Return (PIR) also told us that the appropriate recruitment checks were undertaken.

We saw staff appropriately support people to take their medicines before they recorded that the medicine had been taken. Staff gave people choices about taking their medicines and explained to people which medicines they were taking. For example we heard staff say to one person, "I have given you your Co-Codamol you asked for." We saw that people were given their medicines as they needed. For example, when they got up so that some medicines could be taken before food. We saw that some people were given their medicines three, four or six times in the day as prescribed. The provider used an electronic system which gave an alert to staff if people had not taken their medicines. Staff spoken with were knowledgeable about the system so people's medicines were administered as prescribed and recorded appropriately. The staff administering medicines told us that one person had not been given their antibiotic that morning because they were checking with the doctor whether to give it or not as the person had been prescribed a second dose the previous night when they attended the local hospital. This showed that staff were mindful that people did not receive too much medicine and took actions to keep people safe from receiving too much medication.

We saw that the pharmacist had carried out a recent inspection and had identified some improvements. The registered manager told us that the improvement actions had been undertaken and the pharmacist was due to come out and check the improvements were suitable and sufficient. A visiting healthcare professional told us, "From my point of view staff are very attentive and follow up on issues and refer appropriately. People's medicines have been reviewed and we are following up those reviews."

Good

Is the service effective?

Our findings

People received care and support that met their needs by staff that received the appropriate support. One person told us, ""I like the scenery [out of their bedroom window]. It's really nice here. You can get up and go to bed when you like." Another person told us, "There are no rules; we can have a bath when you want. They [staff] will try and do their best." Staff spoken with were knowledgeable about people's needs and how they liked to be supported. Care records looked at showed that staff had the information they needed to provide personalised care. For example, staff had details about when people liked to get up and go to bed, what food they liked to eat and what the 'perfect day' for people may look like. People were asked to consent to their care where possible and where this was not possible relevant others such as relatives were asked to discuss the care provided to people. Staff told us they received training and support through discussions and meetings with senior staff so that they were able to meet people's needs appropriately. Staff told us they had regular supervision and appraisals to support their development. The PIR told us and staff confirmed that they received training in topics such as dementia care and nutrition. The registered provider told us that all staff were working towards achieving the care certificate. Records confirmed that this was the case. Agency staff told us that they received an appropriate induction into the service when they started their 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 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 saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority.

Although not all staff had undertaken training in the requirements of this legislation we saw that staff worked in line with the requirements of the MCA and that the registered manager had made applications for people whose liberty was being restricted. One Staff member told us, "I talk to people, involve them by showing them their clothes so they can choose, don't make assumptions, have patience and get to know their likes and dislikes." During our observations we saw that staff gave people choices and supported themt to live their lives as they wanted.

The registered manager told us that the deputy managers assessed people's ability to make decisions for themselves and if they were unable to make decisions for themselves an application for DOLS authorisation was made if people were restricted. Previous application had been made as there were locked doors in the home and people were being supervised. We noted from the PIR that a number of DoLS applications had been submitted and approved. We saw that where decisions were being made on behalf of people, such as the decision not to receive treatment following a cardiac arrest relevant people such as the doctor and people's relatives were consulted so that the decisions were in people's best interests.

People had been assessed to check if they were at risk of not eating or drinking enough or if any additional support was needed. Where people had been assessed at risk they had been referred to the appropriate professionals such as dieticians or the GP. We saw that advice such as providing fortified diets and supplement drinks in addition to meals were being provided.

People told us that they were happy with the food they received. One person told us, "The food is lovely, can have anything". Another person told us, "On the whole I am happy with them [staff], they are lovely. I have it cushy here. The food is usually nice; they give you a list to choose from." A third person said, "We are fed very well."

We saw staff go to people with the menu just before the midday meal so that people could choose what they wanted to eat. Staff told us and the registered manager confirmed that people were not asked to choose what they wanted to eat the day before as people often couldn't remember. Staff told us and we saw that there were plenty food available for people to make their choices on the day. During our inspection we saw that the food looked appetising, was well presented and people received support to eat if they needed it after they had been given the opportunity to eat independently. A relative told us that the staff was aware that their family member only liked small portions and how their food needed to be prepared. We saw that people were able to request cups of tea which was given to them. We saw that suitable crockery was available to assist people to eat independently. We saw that one person's meals was saved by staff for them to have later as they were not hungry at lunchtime due to them having a late breakfast.

People's health needs were met. One relative told us, they were informed when their family member had a fall, informed when the paramedics were called and again when the person was taken to hospital. We saw that community health professionals such as the district nursing service, dietician and chiropodists were involved in supporting people with their health needs. People told us that they could see the doctor when they needed one. A visiting healthcare professional told us they were happy that the staff were responsive to people's needs. During our inspection we saw that people received the support they needed to ensure their health needs were met.

Good

Is the service caring?

Our findings

We saw that staff maintained people's dignity. We saw one person come out of their bedroom dressed only in their nightie. Staff sat them down at the table and went to their bedroom to get their dressing gown for them to wear whilst they had a cup of tea. We saw that when one person became unwell in a communal area staff brought a privacy screen to use whilst emergency services attended to the individual. We also saw a person who wanted to stay in the communal areas whilst their leg dressings were changed by a visiting professional was also provided with a privacy screen to maintain their dignity. We saw that all bedrooms had an en-suite facility to promote privacy and dignity.

We saw that staff interactions were caring. One person told us, "It's a nice place to live." Another person told us, "I've got everything I need." A relative told us, "Staff are lovely, very good they know [relative] well. They pop in and make sure she is okay." During our observations we saw that people who were sleeping were approached gently and sensitively to ask them if they wanted a drink. We saw that when one person refused a hot drink they were offered a cold drink. We saw that staff encouraged the person to drink by bringing the hot drink, putting it to their lips and then bringing the cold drink and repeating the process. Although the person was not feeling well staff understood the person needed to drink to remain hydrated.

Staff supported people to maintain contact with their family members. One person told us that staff were always happy to help them make telephone calls to family and also use the internet to keep in touch. We saw that staff had bought some Christmas cards for an individual so that they could write and send the cards to people that were important to them with their relative the following day.

We saw that staff supported people with their appearance to ensure that they were happy with this. For example, we heard one person ask staff to help them to have a shave and the staff agreed a time for them to be assisted. We saw that people were dressed in styles that reflected their individuality and people were able to choose meals that met their cultural dietary needs. We discussed with the registered manager about pictures that could be used in the home to indicate to people's that people from different cultures, ages, genders and sexuality were valued and welcomed. Following our inspection we sent some examples of images that had been discussed with people and that could be put up in the home.

We saw that people had access to equipment that enabled them to maintain their independence as far as possible. For example, we saw that people were provided with plates with a rim so that they could eat their food independently. Cartons of drinks were left on the dining table so that extra drinks were available to people. There were walking frames and wheelchairs for people to be able to move around the home independently and recliner chairs that supported people to stand up safely and without the need to call for staff assistance.

Good

Is the service responsive?

Our findings

One person told us, "Its okay here. I'm happy enough." Another person said, "They have got me this new chair, It's better than my chair for my arms. It's nice here but I'd rather be in my flat." People and their relatives told us that they had been involved in the assessment and care planning process so that people's needs and preferences were identified. One person told us they preferred their own company and spent time in their bedroom watching their television. Staff spoken with were aware of the individual needs of people and if they had any specific allergies so that they could respond to people's individual needs. Staff told us that they were given information about people at changes of shifts so that they were made aware of any changes in people's needs.

The registered manager told us that keyworkers identified people's hobbies and interests. There were organised activities such as progressive mobility and extend sessions to help people maintain and improve their mobility. There were entertainers to provide musical entertainment, pet therapy for people who liked animals to see and stroke animals and different faith groups that supported people with their religious and spiritual needs. The activities folder showed that people had been involved in trips out to Twycross Zoo and to the Town Hall to have high tea to celebrate the Queen's 90th birthday. We saw that people's birthdays were celebrated in the home.

We saw that there were some individualised activities such as nail painting, card games, quizzes and shopping trips but these were limited depending on the availability of staff. For example, during our inspection the shopping activity did not take place. Staff told us this was because one member of staff had had to accompany someone to hospital as they had become unwell. One person's records showed that there were some activities that had been recorded but these evidenced only two or three activities a month. The registered manager told us this was because staff did not always record or recognise that what they were doing was an activity.

One person told us, "The staff are nice, they come quite quickly if I need them. I'm never waiting too long." We saw that people had access to a buzzer to access support when they needed it. We saw that on one occasion the staff responded immediately. However, on another occasion we saw that staff took approximately six minutes to respond. Staff that answered the call told us that they had to ensure that the person they were attending was safe and they knew that the individual usually requested help to use the toilet. We discussed with the staff, and the registered manager, the importance of ensuring that there was a system in place to ensure that people were checked to ensure they were safe in the first instance. They could then be informed that staff would be back to assist them rather than assuming that they were just asking for assistance. This was particularly important as there was no way of determining whether the person was asking for assistance or was in distress and needed emergency support.

Requires Improvement

Is the service well-led?

Our findings

There were some aspects of the service that could be improved. For example, although we saw that people were supported to receive their medicines appropriately we saw that staff did not always follow safe procedures because they left the medicines trolley open and medicine packs on top of the trolley whilst they went to support people to take their medicines. This meant there was a potential risk that people could access medicines they should not have access to.

Although staff spoken with were able to tell us how they gave medicines disguised in food and drinks there were no protocols in place to inform staff how the medicines should be administered and in which food and drink so that the medicines were not affected and there was consistency in the administration of medicines. Staff confirmed they were not aware of any protocols being in place.

The registered manager needed to ensure that records were kept up to date to evidence the checks undertaken to keep people safe. For example, we saw that records of 15 minute checks did not always evidence that the person had been checked for long periods of time although staff spoken with were aware they were to be carried out.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and generally notified us about events that they were required to by law, including the submission of statutory notifications. However, we noted that we had not been notified about Deprivation of Liberty Safeguards (DoLS) that had been approved. Following our inspection we were sent some notifications of authorisations that had been agreed.

We saw that the registered manager supported and involved staff in developments in the home and that the staff were clear about their roles and responsibilities. One member of staff told us, "The manager is approachable. We can pop in and see him anytime and he holds a surgery we can go to." Following discussions with staff the use of a wrist band had been introduced into the home to help monitor people who were at risk of not getting enough calories to meet their needs. The wristband could be used to monitor the calories used by people who spent time walking around the home and compare this with their calorie intake so that actions could be taken to prevent or minimise any unplanned weight loss.

A relative told us that this watch was being used to monitor the whereabouts of their family member. Senior staff told us that although this was a function on the watch but it was not in use. We spoke with the registered manager about this who said they were sure that this function was not being used but would monitor it and ensure that its use was explained to relatives. In addition, some visitors told us that protected meal times had been introduced into the home which meant that they could not stay to help the person they visited to eat. A protected mealtime means that visitors are asked not to attend at mealtimes so that disruptions and disturbances are minimised when staff are supporting people to eat their meals. Staff spoken with and the registered manager confirmed that there were protected mealtimes but visitors could

assist people if they were in the person's bedroom or in communal area away from the dining area. This showed that communications with visitors could be improved to ensure they received the correct information. The registered manager told us he would ensure this was discussed in a meeting with relatives.

The registered manager had reflected on the findings of our previous inspection and taken actions to address the identified shortfalls. Meetings were being held with staff so that they understood the shortfalls and what was expected to address the shortfalls. Staff told us, "We are working together to change and improve. It's a good team." Additional training for staff and the RM in providing compassionate leadership, taking on shadowing and looking at organisations rated as outstanding. This has included holding weekly surgeries where people, their families and staff could speak with the registered manager, pushing forward improvements such as replacement of floorings where odour was an issue so that people benefitted from a pleasant environment, developing auditing tools and working on projects such as looking at people's needs in respect of sexuality and intimacy.

We saw that surveys had been completed by professionals that were involved in the home and we saw that their level of satisfaction with the service had increased. Internal quality management audits showed an increase in the service meeting the registered provider's identified targets. Monitoring and management of falls in the home showed that there had been a decrease in the number of falls through the use of equipment such as sensor mats and walking frames and increased monitoring checks by staff. We saw compliments left by relatives of people that had or were receiving a service such as; "I have not seen her [person receiving a service]looking so well and happy, like a new woman" and "Thanks for taking the time with us and to ensure mum's needs were met." This showed that people were happy with the standard of care being provided and there were continued improvements.

The registered manager was aware of the requirements of the Duty of Candour regulations and explained how this meant that he would be open, transparent and share information about incidents in the home with people that used the service, relatives and professionals.