

Midland Heart Limited

# Penmakers Court

## 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?	Good ●

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 15 August 2016.

At our last inspection of 28 November 2013 the provider was meeting all of the regulations that we assessed.

The provider is registered to provide personal care to adults. People who used the service received their support and care in their own flats within the extra care complex. At the time of our inspection 30 people received personal care and support.

The manager was registered with us as is required by law and was present on the day. 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 within the service and assessments were undertaken to minimise a risk of accidents and injury. Staff knew what action they must take if they felt people were at risk of harm and abuse

Where people were supported with their medicines this was managed in a way that ensured that people received their medicines as they had been prescribed.

Staff recruitment was managed in a way that prevented unsuitable staff being employed. Staff were provided in numbers that met people's needs and kept them safe.

Staff received training and support to ensure they had the skills and knowledge to safely meet people's needs in the way that they preferred.

Staff knew that people should be supported in a way that was in line with their best interests and that people should not be unlawfully restricted in any way.

People's dignity, privacy and independence was respected and they were supported by caring and friendly staff.

People received the support they required to meet their needs. Reviews were undertaken regularly to find out if changes were needed to the way people were supported.

Complaints procedures were in place that people and their family could access if they felt they had the need to.

The provider had a range of methods that were used often to ensure that the service ran well and in the best

interests of the people who used it.

## 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 and their relatives felt that risks to people's safety were well managed.

Processes were followed that ensured that only suitable staff were employed that helped protect people from the risk of harm.

Medicines were managed safely and people were supported to take their medicines as they had been prescribed.

### Is the service effective?

Good ●

The service was effective.

People felt that they received effective care and support in the way that they preferred.

Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

### Is the service caring?

Good ●

The service was caring.

People and their relatives confirmed that the staff were kind. People felt that the staff gave them attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

People's relatives could visit them at any time.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Complaints procedures were in place for people and their relatives to access if they had a need to.

### **Is the service well-led?**

The service was well-led.

People felt that the provider had a management structure in place that they understood.

People and staff told us that the management of the service was open and inclusive.

The provider had a range of methods that were used regularly to assess that the service was well run in line with the best needs of the people who used it.

**Good** ●

# Penmakers Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 15 August 2016. The inspection was carried out by one inspector who was accompanied by an inspection manager.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. These could include notifications about accidents or safeguarding issues. We looked at the notifications the provider had sent to us.

We asked the provider to complete 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 took the information provided into account during our inspection activities.

We spoke with eight people who used the service, one relative, four care staff, a member of the catering staff and the registered manager. We looked at two people's care records and medicine records, four staff member's recruitment records, training and supervision records. We looked at systems in place to monitor the quality and management of the service including provider feedback forms that had been completed by people who used the service and compliments that had been received. In addition we observed staff interacting with people during their breakfast and lunchtime meal.

## Is the service safe?

### Our findings

A person who used the service said, "There is no abuse going on here". A relative told us, "I have not been aware of anything like that. I have done abuse training myself and know what to look for. If I was concerned I would report it to the manager or elsewhere". Other people who we spoke with told us that there were no concerns about poor treatment, abuse or neglect. Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "We [the staff] are always reminded in training and by the registered manager that if there are any concerns we must report them and I would". The registered manager had reported a concern regarding medicine to the local authority safeguarding team. They did this to protect the person and prevent them from being placed at the risk of harm.

A person said, "Oh yes I am safe here". A relative we spoke with told us, "I have no concerns about their [person's name] safety. Before they came here they had lots of falls. These have decreased". The completed Provider Information Return (PIR) sent to us highlighted that, "Risks are identified through support plans and social services support plans. Risk and needs assessments are carried out and individual's risk assessments are completed to minimise the risks". We saw that risk assessments had been completed regarding a range of risks that included those relating to sore skin and falls. The registered manager gave us an account of how they monitored incidents, falls and accidents and we saw that a falls analysis was maintained to determine any patterns or trends. We saw from records, and staff we spoke with confirmed, that referrals had been made to occupational therapy, physiotherapy professionals and the tissue viability nurse for advice and guidance on how to reduce risks. Staff told us that they had written guidance on the safe moving and handling of people and how they monitored people's skin to prevent it becoming sore. A staff member told us, and it was confirmed by the registered manager that, "Two staff are required if we use a hoist to assist people to move. We always have staff two members". Another staff member said, "If people are at risk of sore skin we monitor this and encourage them to change their position regularly". We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention. Records we looked at and the registered manager confirmed that the equipment was serviced by an engineer regularly. These actions promoted people's safety.

Some people told us that at times they had to wait to be supported but this had not caused them a problem. A person said, "Sometimes the staff are a bit late but most of the time it is alright". Another person told us, "The staff usually come to me on time". A person said, "Oh no, they [the staff] have never missed coming to me". Other people we spoke with also told us that staff always turned up to do their care and support call. A relative said, "I do not know any time when there were not enough staff". Staff we spoke with told us that there were times when there were not enough staff but assured us that people had still been well supported and kept safe. A staff member said, "The times we are short of staff the impact is on the staff not the people. We make sure that they are still supported". We observed that staff were available during the day to support people and a staff member had been assigned to one person who required supervision at lunch time. The registered manager agreed that there had been times when there were not the number of staff on shift that should have been. They told us and showed us records to confirm that they had recruited some new staff to improve the situation.

Staff told us that they covered other staff at holiday time. They also told us that agency staff were used to cover staff sickness or staff holiday leave. The manager confirmed this and told us that they used the same agency staff where possible. This should ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member told us, "All my references and other checks were carried out before I started here". Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

Some people we spoke with told us that they wanted the staff to manage their medicines. A person said, "I like the staff to do my tablets. I would probably forget to put them away and I would always worry then that my grandchildren may touch them when they visit". Another person told us, "The staff give me my tablets properly". Other people told us that they liked to manage their own medicines and they did. This showed that people were given options about how they wished their medicines to be managed and staff honoured their preference.

The registered manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and support people with their medicines. This was confirmed by records we looked at. We saw that safe storage was available in people's flats to prevent unauthorised people accessing the medicines. We saw that processes were used for ordering people's medicine so that their medicine would be available for them to take as it had been prescribed. The people's medicine records that we looked at had been completed and maintained. We found that regular audits were undertaken to ensure that people had been given their medicine safely and where shortfalls were identified these had been addressed. An incident had occurred where one person had not been supported to take their medicine properly. The staff member had been suspended from managing medicines, re-trained and had their competence reassessed. These actions showed that the provider knew the importance of having safe medicine systems in place to prevent people being placed at risk of ill health.

## Is the service effective?

### Our findings

All people and the relative we spoke with used phrases and words that confirmed that the service provided was effective. A person said, "I am looked after well here". Another person told us, "I have been here for such a long time. If I did not think I got good care and support I would not still be here". A relative said, "It is a good place. I am pleased. They [person's name] have come on well since being here". The majority of people who used the service told us that their care calls were at the time that had been agreed. People told us that staff did what they should during the care and support calls and stayed the agreed length of time to provide the care and support that they needed. All staff we spoke with felt that the service provided to the people was good. A staff member said, "The people here get good support".

A staff member said, "I had a good induction. I was new to care so it was what I needed. I had mandatory training that included hoist training, looked at care plans, and met the people here. I also shadowed other staff [shadowing is when new staff work with more experienced staff to learn their job role]. It was good as it showed me what I needed to do". Records that we saw confirmed that all new staff received induction training and support when they started work. The registered manager told us that the provider had introduced the Care Certificate standards and new staff received training that followed these induction standards. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they needed to provide safe and compassionate care.

A person who used the service said, "The staff know what they should do". A relative told us, "The staff seem trained and have the knowledge to look after them well [their family member]. A compliment that had been received read, "The staff all do their job in the same manner and often beyond the call of duty". The completed Provider Information Return (PIR) sent to us highlighted that, "Staff receive all mandatory training and the training matrix is available on site". A staff member told us, "We [the staff] have all of the mandatory training. I feel I am able and do my job well. I would like to have some dementia training though". The registered manager told us about the training that staff had received and records that we looked at confirmed this. They told us that they were arranging dementia training for all staff. A staff member said, "I do feel supported by the manager but also the other staff. We all work well as a team and help each other". Other staff we spoke with told us that they too felt supported and received supervision sessions and support and what we were told was supported by documentary evidence. This meant that the staff had the training and support that they needed to keep people safe and provide them with appropriate, safe support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is called the Deprivation of Liberty Safeguards (DoLS). The application procedures where personal care is being provided must be made to the Court of Protection. We found that staff understood the principles of the MCA and DoLS. The registered manager and a staff

member told us in detail how they had dealt with incidents when they had felt that people required supervision to keep them safe but the people did not agree with this. This involved them involving interagency health care and social care professionals so that a meeting could be held to look at the person's best interests. However, some staff were unclear about the formal process they should follow if a DoLS application was required. The registered manager told us that they would identify the process and ensure that all staff were made aware of it.

All people who used the service told us that the staff always asked for their consent before starting care or support tasks. A staff member said, "People are allowed to say no if they don't want us to help them. I always ask them first. It is their right to say no".

A number of people told us that they accessed the health care support they required independently. Staff told us that other people needed support to make appointments and they did that for them. During the day staff had called a GP for one person who required treatment. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included the dietician, occupational and speech and language therapists. People told us that they also received regular dental and optical checks. This ensured that the people who used the service received the health care support and checks that they required.

A person told us, "I like to eat in the dining room and choose my meals. I like the meals". People had the option of providing their own food and drink or accessing breakfast and lunch in the dining room where they could purchase meals. People told us that staff supported them to make meals for them in their flat. A person said, "The staff make my meal or help me to do it". One person told us that they felt unwell. After this we heard a staff member encouraging the person to go to the dining room and have something to eat and drink. The staff member said, "The person often does not eat much and then feels unwell". Other staff we spoke with also knew the importance of supporting people to eat and drink enough to prevent them becoming ill. In the morning and afternoon we saw that staff offered people who were in the dining area a drink. Catering staff and care staff told us about individual people's eating and drinking requirements and risks. When we asked staff they were able to tell us which people had been assessed as being at risk when eating. A staff member said, "One person in particular is at risk of choking so every meal time one of us [the staff] sits with them to make sure they are alright". Staff told us and records confirmed that where there were concerns about people weight referrals were made to the person's doctor or dietician. This showed that staff knew who was at risk when drinking and the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness.

## Is the service caring?

### Our findings

People who used the service and the relative we spoke with told us that the staff were, "Kind", "Helpful" and "Friendly. A compliment received read, "They [family member] had the best quality of life due to the dedication of staff".

We found that the atmosphere within the service was positive. It was warm and welcoming. We observed that people who used the service had good relationships with each other. We heard people asking other people how they were and taking an interest in each other. We saw that staff interactions with the people who used the service were also positive. Staff greeted people on an individual basis and asked how they were. We saw that staff took time to listen to what people said. We saw that people looked comfortable and were smiling when talking with the staff.

A person told us, "The staff are polite to me". The majority of people who responded to our survey said, "My care and support staff always treat me with respect and dignity". Relatives who responded to our survey confirmed, "The staff always treat my relative / friend with respect and dignity". The completed Provider Information Return (PIR) sent to us highlighted, "All staff would knock a person's door before they entered". We heard the staff member asking a person if it was alright if they went into their flat to fetch them an item. Another person said, "The staff don't go in my flat without knocking the door or asking my permission". A relative told us, "The staff are always polite, helpful and show respect to people". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of covering people up when supporting them with their personal care and ensuring that curtains were closed.

A person said, "The hairdresser comes every week so that I can have my hair done". Another person said, "I wear what I want to everyday". A staff member said, "It is important that people dress the way they want to and I always help them to select what they want to wear". Another staff member told us, "We [the staff] support people to help them to look nice". We saw that people wore clothing that was appropriate for the weather and that reflected their identity. We heard staff complimenting people on their appearance. This showed that staff knew that it was important that they enabled people to present themselves in the way that they wished and to promote people's self-esteem.

A person told us, "The staff encourage me to undertake things I can independently". A relative told us, "Since they [their family member] have been living here they have come on so much. They used to be pushed in a wheelchair all of the time. Now they walk down the corridor and back. This has done them good". A staff member told us, "We [the staff team] encourage people to do as much as they can independently. It makes them feel better about themselves". This highlighted that staff knew it was important that people's independence was maintained.

A person told us, "My family can come and see me any time they want". A relative said, "I can visit at any time. The staff make me feel welcome". Staff we spoke knew it was important that people could have contact with their family and friends at any time and told us that visiting times were completely open and flexible.

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that one person had the input of an advocate.

## Is the service responsive?

### Our findings

A person said, "I visited here and looked around to help me decide if I wanted to move in here". A relative said, "I came and looked at the whole place and the flat and thought that it would be fine for them [their family member]". The registered manager confirmed that people and their relatives were encouraged to visit and look around the premises to determine if they would like it.

A person said, "Before I moved in I was asked lots of questions for staff to find out what I needed". A relative said, "I was involved in their [family members] assessment. This was done to ensure that they would be looked after and they are". The registered manager and records we saw confirmed that all people who were looking at moving in had the opportunity to visit and an assessment of their needs was undertaken. These processes enabled people to decide on the suitability of the placement and for the provider to find out if they could meet people's needs in the way they required.

People told us that they were involved in their care planning, had seen their care plans, and agreed with what they said. When we asked a person if they had seen their care plan they answered, "Do you mean my folder? It's over there I will fetch it for you". They went and fetched their care plan folder and said, "I am happy with it". A relative told us, "I have always been involved in the care planning. I feel that plans show their [family members] risks and needs well and these are always met". We looked at two people's care plans and found that they reflected people's needs. When we spoke with staff and asked them questions about individual people they gave us a good account of their needs and risks. The majority of provider feedback forms that we looked at highlighted that people had been involved in their care planning and confirmed that staff knew them well. People and the relative we spoke with also told us that they were involved in regular reviews and felt listened to. Records that we looked at confirmed that these reviews were held at least six monthly and where it was highlighted that changes to support were needed these were addressed.

Some people had stated that they were not always happy with the amount of activities offered. Other people felt that the activity provision offered was good. We saw from minutes that activities were discussed at the meetings held for people and found that a range of regular activities were offered. These included singers coming to the premises and group sessions. We saw a quiz taking place. People told us how much they enjoyed this. People also told us happily about an outing that had been arranged by staff that they were going on the coming Wednesday to Western Super Mare.

People told us and records that we looked at highlighted, that people had the opportunity to meet their religious needs. Representatives from a local place of worship had visited regularly for people who wished to pray and discuss their religious needs. However, the registered manager told us that these visits had ceased and that they were identifying why and trying to get this input back. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

The provider used feedback forms for people, their relatives and staff to make their views known about the

service. We saw that these were used regularly and that the feedback was positive. We also saw that there was a suggestion box in the main foyer to enable people to make their views known and in an anonymous way at any time they felt they needed to.

A person told us, "If I had a complaint I would speak with my family, the staff or the manager. I know that it would be sorted". A relative told us, "If I needed to complain I would feel happy to speak to staff or the manager. I have not had anything to complain about to date". The majority of people and all of the relatives who completed our survey confirmed they knew how to complain if they had the need. We saw that a complaints procedure was available in the premises for people to read and access. The completed Provider Information Return (PIR) sent to us highlighted that an 'easy read' complaints procedure was also available [this consisted of words, pictures and symbols] and we were shown this document on the day. An easy read complaints procedure version aims to enable understanding to people who may have difficulty with reading or interpretation. The complaints procedures gave contact details for the local authority and other agencies they could approach for support to make a complaint. We saw that one complaint had been made and that this had been dealt with appropriately. This demonstrated that a system was in place and people knew what they should do if they were not satisfied with any part of the service they received.

## Is the service well-led?

### Our findings

The provider had a leadership structure that people and staff understood. There was a registered manager in post as is required by law who was supported by their line manager and senior care staff. We found that an on call system was in place to enable care staff to gain support during the times the office was closed.

We found that a positive culture was promoted within the service that was transparent and inclusive. All of the people and the relative we spoke with knew who the registered manager was and named her. People were complimentary about the registered manager and described her as, "Lovely", "Helpful", and "Friendly". We saw that the registered manager was visible within the service, engaging with, and speaking with people. We saw that people were comfortable to approach the registered manager and speak with her. A relative said, "The manager is available and approachable".

People and their relatives told us that they had confidence in the registered manager and provider and that they ran a well-led service. A person said, "It is good and well organised. Staff do as they should". Compliments from relatives read, "A well organised team run by [registered managers name]", "The manager is first class. Everything is done with proficiency and dedication".

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified us of all of the issues that they needed to. We asked the provider to complete 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. The PIR was completed and returned to us within the timescale we asked. This showed that the provider was meeting legal requirements set.

The PIR highlighted, "We have audits from the quality team" [this referred to the provider's in-house quality team]. The provider also had a quality team made up of staff from other sections of the organisation as an impartial, 'fresh eyes' approach. We found that regular and appropriate checks and audits on the quality of the service were also undertaken by the registered manager and records were maintained to evidence this. These included audits of areas that included health and safety, medicine management, and record keeping. We also found that people who used the service participated in the audit processes by undertaking checks and feeding back their findings to the registered manager. The registered manager and records confirmed that where it was identified that improvements were needed an action plan was produced and worked to. These processes would ensure a well-led quality service.

People and staff told us, and records confirmed, that meetings took place for the people who used the service and staff. People told us that they attended regular meetings where they could ask for things and make their views known. We found that the registered manager listened to what people said and where possible tried to address things and provide what was asked for. People had asked for a day trip out. Following this, arrangements had been made for a trip to Western Super Mare. A staff member said, "We have regular meetings and we can raise issues. The staff meetings are positive. It is a regular time when all staff are together and can discuss things and hear new developments and instructions at the same time".

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. A staff member said, "We [the staff team] would all report anything if there were concerns". Another staff said, "I know about whistle blowing and would whistle blow if I had a need" This showed that if concerns or bad practice occurred staff knew they should report to the registered manager to protect people who used the service.