Friends of the Elderly

Perrins House Residential and Nursing Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on the 23 and 30 March 2016 and was unannounced.

Perrins House is located near to the town of Malvern. This service provides nursing and personal care for up to 43 people. On the day of our inspection there were 32 people living at the home.

There was manager at this home who was not registered with us for this service. The provider was in the process of re-registering the home as part of another service. The manager was registered for the other service and would be applying for registration with this service when re-registration was complete. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 and their relatives said they were happy with the support that staff provided people that lived at the home. They told us staff were caring and promoted people's independence. People told us they were able to maintain important relationships with family and friends. Relatives said they were welcome to visit as they wished. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were included in regular meetings to ensure they had a say in the choices available to them. People told us they had access to health professionals as soon as they were needed. People we spoke with said they had access to interesting things to do.

We found that people had not been protected against the risks associated with medicines because some people had not received their medicines as prescribed. The management team took immediate action and had a plan in place to ensure people received their medicines. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. However we found that guidance for staff about regimes to ensure people did not have sore skin were not always carried forward to ensure staff had up to date knowledge. The unit manager had ensured this guidance was updated and all staff were aware between our two visits. We saw this was now in place.

Relatives we spoke with said they felt included in planning the support their relative received and were always kept up to date with any concerns. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The management team ensured people were listened to, we saw that complaints were investigated and action taken to resolve them.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. Staff had the knowledge and training to support people they provided care for. Staff ensured people agreed to the support they received.

The management team had identified that applications to the local authority to deprive people of their liberty were needed for some people living at the home. These applications had not been completed to ensure people were not deprived of their liberty unlawfully. There was a plan in place to ensure these were completed.

The manager promoted an inclusive approach to providing care for people living at the home. People, their relatives and staff were encouraged to be involved in regular meetings to share their views. The provider sent out questionnaires to ask for feedback from people, their relatives and professional involved with the service. The management team had an action plan to address the feedback received. For example they had increased how they provided interesting things to do by providing activity staff at the weekend.

The provider and manager had systems in place to monitor how the service was provided. The management team had identified areas of improvement and were providing the resources to complete these actions. The management team reviewed accidents and incidents and took steps to learn from these.

You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People had not consistently received their medicines in a safe way. People did not always have their risk managed effectively. People were supported by staff who understood how to raise concerns about people's safety. People benefitted from sufficient staff to support them.

Is the service effective?

Requires Improvement

The service was not always effective

Some people living at the home were deprived of their liberty, to receive care and treatment in their best interest, without the legal authorisation. People's needs were met by staff who were well trained. People enjoyed the meals and maintained a healthy, balanced diet. People were supported by staff who had contacted health care professionals when they needed to.

Is the service caring?

Good

The service was caring

People were involved with decisions about their care and support. People living at the home and relatives thought the staff were caring and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive

People were supported in an inclusive way, that was reviewed regularly. The management team sought feedback from people living at the home and their relatives, and actioned concerns appropriately.

Is the service well-led?

Good

The service was well-led

People and their relatives said the management team were approachable. The management team had identified areas for

improvement and were working towards completing them. People benefitted from an open and inclusive culture.

Perrins House Residential and Nursing Care Home

Detailed findings

Background to this inspection

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

We made an unannounced inspection on 23 and 30 March 2016. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. The specialist adviser was a specialist with nursing care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 15 people who lived at the home and seven relatives.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the unit manager and 12 staff. We looked at five records about people's care. We also looked at complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Requires Improvement

Is the service safe?

Our findings

We looked at how people were supported with their medicines. People and their relatives told us they were confident that people living at the home received their medicines as prescribed. However, we looked at 13 people's medicine records and saw that there were 24 instances where there were no signatures to confirm people had received their medicines. We asked the unit manager to investigate whether people had received their medicines or whether the records had not been completed correctly. The unit manager established that most of the gaps on the charts were missed signatures and the medicines had been administered. However, there were five people who had not received their medicines as prescribed. Therefore there was a potential risk to their health and well-being because they had not received their medicines as prescribed.

The unit manager took immediate action and contacted the GP for advice about the effect for people who had not received their medicines. The GP advised that harm had not been caused to these people on these particular occasions. The unit manager advised people and their families of the incidents. The management team put in measures to improve how medicines were managed at the home. However people had been at risk to their health and well-being because they had not consistently received their medicines as prescribed.

This is a breach of regulation 12 (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014, because people living at the home had not consistently received medicines as prescribed.

There was clear guidance for staff to administer medicines that were prescribed as "when needed." We saw one person had their medicines administered covertly on occasions. There was clear guidance for staff and a best interest decision documented. Staff we spoke with were aware of when they needed to implement this decision. We saw there were suitable arrangements for storage and disposal of medicines in place.

People had their needs assessed and risks identified. Staff were aware of these risks. For example we saw one person had their bed at the lowest setting as they were at a high risk of falls, this was as a conclusion from their falls assessment. We saw assessments were used to measure the risk of sore skin for people. However this was not always translated into a plan for reducing the risk. For example, we spoke with staff about one person and they were unclear about how often that person should be repositioned to ensure prevention of sore skin. We looked at the guidance for staff and there was no clear guidance or regime to reduce the risk of sore skin for that person. We spoke with the unit manager and the system in place had not ensured staff were aware of the regime to prevent sore skin. Between our visits the unit manager ensured all staff were updated and a new system put in place to give clear guidance to staff. The unit manager said they would monitor the effectiveness of this system to ensure people identified as high risk of sore skin were no longer at risk.

However people we spoke with said they felt safe. One person said, "I feel safe, there are people around me." Another person said, "Someone is around if I need something." Relatives we spoke with said their family member was safe. One relative told us, "We don't have to worry about our (family member,) they are well looked after here." Another relative said, "The residents are very safe here, I have never noticed anything of

concern when I am visiting." We saw people were confident and relaxed throughout our inspection.

Staff we understood what actions were needed to ensure people were protected from abuse. They explained that they would report any concerns to the manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority and the Care Quality Commission. The manager was aware of their responsibilities, and we saw they had reported any concerns to the correct authority in a timely way. Staff said they knew people well and would be aware if anyone had a concern. There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home during handover. Staff said sharing information supported them to provide safe care. Staff told us immediate concerns would be discussed and they would take action straight away. We saw there was information recorded about each person living at the home to support agency workers with their knowledge. The unit manager said they used regular agency staff to provide continuity to people living at the home. We spoke with one agency nurse and they worked at the home on a regular basis and had a good knowledge of people living there.

People told us there were sufficient staff on duty to meet their needs. One person we spoke with said, "They are sometimes very busy, but each time I need something, they come." Relatives we spoke with said there were generally sufficient staff on duty. However two relatives were concerned about the regular use of agency staff. Care staff told us there were enough staff on duty to meet the needs of people living at the home. During the two days of our visit we saw there were sufficient staff on duty. Call bells were not left unanswered for any length of time. The unit manager said they reviewed dependency assessments regularly to ensure they were up to date and current for people living at the home. They told us they used these assessments to ensure there was sufficient staff on duty. The unit manager said she regularly checked with staff and people living at the home to ensure their needs were met in a timely way.

Two of the nurses we spoke with said there had been changes made to staffing levels over the last six months. There had been a change in administration support and a full time deputy post had been removed. The nurses we spoke with said they now had extra responsibilities which reduced the amount of time supporting people. For example, they said that they now needed to order transport when people needed it and cover staff vacancies on the rota. The management team were in the process of recruiting to increase the staffing levels. In light of the medicine errors we found during our inspection the management team were looking at increasing staffing levels to two nursing staff on the afternoon shift. The unit manager was also in the process of recruiting "med-techs", care staff specifically trained to support the nursing team with administrating medicines.

We spoke with new members of staff and they said they were supported through their induction by the management team. They had read the care plans for people living at the home, and were introduced to them and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 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 checked whether the service was working within the principles of the MCA.

We looked at how the MCA was being implemented. The unit manager had identified that some people living at the home were unable to make decisions about the care and treatment they received. They had not applied for legal authorisation under the MCA. The management team were in the process of reviewing the capacity assessments which would then enable them to complete the DoL applications. Therefore people were being deprived of their liberty without legal sanction under the MCA. The unit manager undertook to complete all the DoL applications by the end of April to ensure people had their human rights protected. Some people living at the home were receiving care and treatment without applying for authorisation to ensure this was in their best interest and in the least restrictive way. The service had not worked within the principles of the MCA.

We spoke with the management team about their understanding of the act. They understood their responsibility to ensure they complied with the MCA. They told us that some capacity assessments had already been completed; however they did not think these assessments were completed effectively. They were in the process of reviewing them for everybody at the home. They were working with the nursing team to ensure that the assessments were an accurate reflection for each person. They explained who required support with decisions and showed us an example of when a best interest decisions had been put in place. We saw family and health care professionals were involved with this assessment. Staff explained they understood the importance of ensuring people agreed to the support they provided. All staff we spoke with had an understanding of the MCA, and how that impacted to their work practice. However we concluded that overall, people had not always been supported in a lawful way to make decisions about some aspects of their care in their best interests.

People said their needs were met by staff with the knowledge, experience and skills to support them. One person told us about staff, "They are trained and knowledgeable." Relatives we spoke with said staff knew how to support their family member. One relative said, "They know how to support my (relative)."

The staff we spoke with explained how their training increased their knowledge about how to support people living at the home. For example, a member of staff told us they had completed training about the Mental Capacity Act and they were able to explain what this meant in terms of their practice with supporting

people. Staff told us their working practices were assessed to ensure they were competent to provide effective care, for example supporting people to mobilise. Staff we spoke with said their training was up to date, and they had the skills to support people who lived at the home. The management team monitored the training for staff to ensure they had the skills to meet the needs of people living at the home.

People we spoke with said the food was good and they had plenty of choice. They explained that there was catering meetings that they could attend where they could discuss and impact on the choices available and the future menus. One person said, "We get to choose the night before and if we fancy something different we can have it." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff knew who needed extra support and provided this support in a discreet way. Relatives we spoke with said the food was good, and we saw they could share a meal with their family member if they wanted to. One relative said, "Food is very good, plenty of choice, they understand my (family member's) needs, and put them on nutritional build up straight away." We spent time with kitchen staff and they showed us how people's nutritional requirements were met. The catering manager explained how they completed food profiles for everyone and worked with people and their families to support people to eat well. They were aware which people had special dietary needs and how they needed to meet them. The catering manager told us they were trialling new recipes and asking for feedback to improve people's choices.

People told us they had access to their GP, and their dentist and optician when needed they needed to. They said when they needed involvement from health professionals staff arranged this as appropriate. Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "They keep in touch with the family all the time, and let me know what's going on." Another relative told us that a medicine review with the Doctor had been arranged and involvement from the speech and language team for their family member. Staff we spoke with told us they monitored people's health and wellbeing. Staff knew the people living at the home well, and made appropriate referrals for extra health support when they needed to.

Good

Is the service caring?

Our findings

People we spoke with said that staff were caring and patient. One person said, "It's marvellous, the staff are lovely." Another person told us about staff, "The patience is amazing." We saw staff supporting people in a caring way. Relatives told us they were happy with their family members care. One relative said, "The staff here are good." Another relative told us, "I think they are very kind, nothing is too much trouble." They told us they felt involved and included in the care for their family member and felt welcome to visit the home.

People told us they had access to religious services when they wanted them. There was a chapel on site and there were weekly services held there. People told us they were supported to attend these services if they chose to attend. We spoke with the Vicar and they said people living at the home appreciated the services and staff regularly went out of their way to support people living at the home to attend these services.

We noticed staff engaged with people in an understanding manner. For example, we saw one member of staff providing a tea party for people living at the home to join if they wished. The member of staff knew people well and spoke with people about things they knew would interest them. People said they enjoyed the morning and we saw through their smiles and body language their well-being was enhanced. We saw that people enjoyed the chat and appeared at ease with the member of staff.

People told us they were supported with their choices in how they looked and called by the names they preferred. We saw that people's rooms were personalised as people wanted them. The management team was trialling new flooring and had agreement with one person to try it in their bedroom. The person and their family said this was an improvement and staff said they agreed. The management team were discussing with other people living at the home and their families about updating the flooring in their rooms. People had a choice of different communal rooms to spend time in, and outdoor space. We saw people chose to spend time in their own environment and staff supported them to do this.

People we spoke with said they could ask for what they wanted support with. They said staff knew them well. One person told us, "I always tell them what I want." We saw staff promote people's independence, and one person told us, "I do some things by myself, those I can't they support me." One relative we spoke with said, "They are very good at choices, whatever time (family member) wakes they can have their boiled eggs which they love. Any time to suit (family member) no matter how early."

People we spoke with said their dignity was respected. One person told us about staff, "They treat me with dignity and respect." Another person said, "They always ask how I want things done, they don't just assume." Relatives we spoke with said their family member was treated with dignity and respect. One relative told us how domestic staff spent time chatting with people as they worked around the home. They said it made such a positive effect on their family member, who really enjoyed the regular interactions. We saw staff offering support discreetly to maintain people's dignity. Staff told us ensuring people were treated with dignity was important to them. We saw staff had a good awareness of people's likes and dislikes. For example we saw one member of staff spend time with one person reassuring them about an appointment

they knew they had concerns about. We saw the person was smiling at the end of the conversation.

Good

Is the service responsive?

Our findings

People we spoke with said they could ask for support when they needed it. One person told us, "I just ring the bell and they come." However another person said, "It's a matter of fitting with what time they have." A further person told us, "You just press the bell and they respond." People said they felt involved in how support was provided. Relatives we spoke with told us they were included in their family members care. One relative said, "They involve the family."

The manager told us that all the care records were in the process of being reviewed. We saw staff had been allocated time to ensure records were updated. Staff we spoke with knew about people's likes and dislikes and how they wished to be supported. The unit manager ensured there was up to date information available to support agency workers who were less familiar with people living at the home. The agency worker we spoke with worked regularly at the home and had a good knowledge about people living at the home. They were able to describe people's preferences, for example they knew how one person preferred to eat their meals, and we spoke with that person who confirmed this was how they enjoyed their meals.

One person told us that they had a 'stiff' neck on one occasion and staff had quickly given the pain relief to ensure they were comfortable again. Another person said they were struggling to read books and had discussed trying talking books with staff and their family. We spoke with staff and they showed us that a magnifying glass and stronger lighting had been arranged for the person. This was to support the person to be able to read because they really enjoyed reading. One relative explained that the mental health team had supported staff and their family member. They told us that staff knowledge had improved with the team's support and the well-being of their family member had increased. We saw that physiotherapists visited people at the home on a regular basis to support people to retain their independence and improve their mobility.

People said they chose where to spend their day, in their room, or the communal areas, wherever they liked. One person said, "When its fine outside they will take you out, there are some volunteers who help with outings." One relative we spoke with told us that specific staff allocated to arrange activities now worked at the weekends. They said this had improved their family member's well-being because they did not feel isolated.

People told us there were organised events such quizzes, bingo, tea parties and musicians. One person told us, "I am very happy here, I enjoy doing things and chatting." Another person said, "The activities co-ordinator is so lovely, they make everyone feel special." People told us how much they enjoyed speaking with the activities co-ordinator. They said they spent time doing group activities and having one to one conversations. We did see organised activities during our inspection, which people chose to be involved in. The unit manager told us they had started to encourage people living at the home to spend time together at suppertime. They had organised a supper club to see if people enjoyed the experience. One person said they had enjoyed the supper club and were looking forward to the next one. Relatives told us their family members had interesting things to do. One relative told us, "They have dogs visit, and a daffodil run which (family member) had really enjoyed." The unit manager told us they were discussing choices in activities

with people living at the home and their relatives. We saw that some people were to unwell to join in organised activities. The activities coordinator told us they spent time with people in their own rooms. For example, providing massage therapy or reminiscing about the past. They had a selection of books that some people liked to talk through with them. One relative said their family member enjoyed their one to one time with the activities co-ordinator.

People said there were regular meetings to discuss what was happening at the home, menu choices and activities. The unit manager had a pre-arranged meeting on the second day of our visit, to discuss how people and their relatives preferred to be communicated with. The manager regularly used questionnaires to gain feedback from people, relatives and professionals. We saw this had been completed in October 2015. The feedback supported the manager to monitor the quality of the care provided. The manager had used the feedback from the questionnaires to put together an action plan to drive improvements at the home. For example, concerns had been raised by relatives and people living at the home about activities. The management team had changed how the activities co-ordinators worked and they now supported people seven days a week. They had also sought increasing volunteers to support a greater number of outings for people to enjoy. We saw the comments from the professionals were positive; one comment about the home was "Could not be improved – excellent."

People said they would speak to staff or the management team about any concerns. One person said, "I have not made any complaints, but I know how to raise a concern." Another person told us, "I told them (staff) what my issues were and they listened."

Relatives told us they knew how to raise a concern with the management team or staff. One relative said, "The senior manager has tried to meet me half way." We saw there were complaints procedures available for people and their relatives. We saw complaints had been investigated and action taken when needed. We saw improvements were made as a result of learning from complaints received. For example, we saw one complaint had been investigated and the management team had met with the relative to discuss the outcome. The relative told us they were working with the management team to improve the concerns raised. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home.

Good

Is the service well-led?

Our findings

There was a new general manager and a new unit manager who had started in October 2015. The provider was in the process of re-registering the service with the care quality commission .The general manager would apply for registration as the registered manager when the location re-registration was completed.

People we spoke with knew the management team. One person said, "The manager comes round to see me and asks how I am." Another person said, "I am happy here, I love to chat to people." Relatives told us they were confident with the management team and staff at the home. One relative said, "They are amazing the work they do with my (family member)." The unit manager had good knowledge of people living at the home. They were able to describe people's needs and how they liked to be supported. They told us they would be completing regular drop in's during out of hours to monitor the quality of care provided.

Staff said the management team were always available when they needed to speak to them. Staff also told us they would raise any concerns with the management team. They said they felt listened to and if they had an idea they could share it with the management team and they would listen. For example, one member of staff told us when they discussed a concern about one person living at the home. The unit manager had listened and actioned their concern which had improved the person's well-being. Staff told us that compliments were shared with them and helped them feel valued.

Staff told us there were staff meetings and regular one to one time with the management team. This ensured that all staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said the meetings were useful and they were supported. They were aware of the whistle blowing policy, which gave guidance about who they could report concerns to outside of the management team at the home. Staff said they would be confident to use it if they needed to.

The management team had identified many areas of improvement at the home. Due to recent changes in the management structure not all the actions identified had been completed. For example, the applications to the local authority to ensure people were not deprived of their liberty unlawfully needed to be completed for some people living at the home. The unit manager had an action plan and had started the work required to ensure this was completed for the end of April. The management team had also identified that care plans and risk assessments needed reviewing and updating. The management team had organised resources to ensure this was completed.

As a result of the concerns we found relating to medicines and preventative pressure relief the unit manager had taken immediate action. All the medicine records had been reviewed and action taken to address any concerns. The unit manager had an action plan to ensure actions were completed in a timely way. Between our two visits guidance for staff about managing peoples risk of sore skin had been put in place and staff were being updated at every handover meeting. The general manager told us that the management team were developing their audits to improve how they monitored the quality of care. They agreed that their audits had not been effective in identifying the medicine concerns we found and the lack of guidance for staff about pressure relief. They had reviewed their audits as part of their action plan and would keep the

updated audits under review to ensure that the quality of care was consistent and effective.

The management team had identified concerns around staffing levels, particularly relating to the use of agency staff. They had a recruitment plan in place and were in the process of completing this.

The management team had an overview of accidents and incidents to ensure that concerns were identified and investigated. For example, we saw that when an incident had happened there was a review by the management team and they instigated a GP review to manage the person's risk of falls. The management team had a system in place to review the effectiveness of steps taken.

The management team shared their plans for refurbishment across the whole home. They were also specifically updating one wing at the home to provide nursing support for people with a dementia illness. The work for this was due to start in the near future and would utilise the knowledge and skills of staff from another service on the site. They had a plan to ensure existing staff had their training updated to ensure they could meet their needs.

One relative told us that they were not clear who to contact with day to day concerns since the changes in the management structure. We spoke with the unit manager and they had a planned meeting in place with relatives to update them on the future plans for this home and to ask for feedback about what could be improved.
The provider regularly visited the service and supported the management team to review the quality of the care provided. The provider was monitoring the action plans around the identified improvements to ensure they were completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. Regulation 12 (2) (g) HSCA 2008 (Regulated activities) Regulations 2014