

Heart of England Properties Limited

Perton Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Perton Manor is a residential care home providing personal and nursing care to 44 people at the time of the inspection. The service can support up to 50 people who are living with dementia or have mental health needs.

The home accommodates up to 50 people across two separate wings, each of which has separate adapted facilities. There are communal areas, such as a lounge and dining area in each wing and a shared conservatory space. There is also a large garden.

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

There was an extremely effective style of leadership at the home which led to people receiving care that focused on their well-being. Relatives, staff and external professionals described the leadership and management of the home as extremely good. There was a strong commitment from the management and staff team to deliver quality person-centred care which reflected people's life histories. People, and their relatives, were supported to share their life experiences which staff used to engage them in meaningful and fulfilling occupation and support them in their anxieties.

People's well-being was promoted and a research-based approach to therapeutic prescribing aimed to reduce the need for dementia related medicines and staff de-escalation and intervention. Relatives and professionals identified the strength of this approach and testified to its benefits for people living at the home.

The provider promoted a strong ethos of person-centred care combined with staff improvement and development. Staff were empowered by the management team and well equipped with training and support to provide care that focused on people's individual needs and well-being. Staff were enthusiastic in their roles and told us they felt well supported by the management team and provider. Partnership working played a strong role in ensuring people's support was effective. In developing links with external agencies, the provider ensured the care people received was effective and had positive outcomes for people.

People and relatives we spoke with were confident they and their family members were safe living at Perton Manor. Staff were aware of how to report any concerns for people's safety and well-being and the home manager was aware of their responsibilities to escalate any concerns. A proactive approach to risk management was taken and 'living well' coordinators were employed to ensure people were stimulated and engaged in activities which reduce their anxieties. Staff had been safely recruited and there were enough staff to meet people's care and support needs. Systems used to manage medicines were safe and ensured people received their medicines as prescribed. Where incidents or events occurred, the provider had systems in place to ensure learning took place and this was shared with the staff team to reduce the likelihood of repeated events.

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

Rating at last inspection

The last rating for this service was good (published 27 March 2019).

Why we inspected

We received concerns in relation to the management of medicines and neglectful practice. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Perton Manor on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Perton Manor

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors and a specialist nurse advisor.

Service and service type

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

The service had a manager registered with the Care Quality Commission; they were also the nominated individual. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The 'home manager' had been appointed by the nominated individual to oversee the running of the home on a day to day basis.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. Due to their communication needs most people were unable to share their experiences with us, so we conducted observations in communal areas throughout the day. We spoke with 13 members of staff including the provider who was also the registered manager, the home manager, members of the senior management team, nurses, nursing students, care team managers, care workers and domestic support staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at health and safety and quality assurance records. We also spoke with two more relatives who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Perton Manor. One person said, "It's lovely to live here, no problems with staff." Relatives we spoke with also felt their family members were safe. One relative told us, "[Person's name] has a great rapport with staff. Staff know how to support them, and they know all of the staff by name."
- Staff knew how to identify signs of potential abuse and were aware of how to raise any concerns relating to people's wellbeing or safety. One staff member told us, "I don't have any concerns about people, if I had any I would report them to the management team, I'm confident they would do something about it."
- The home manager was aware of their responsibilities in relation to safeguarding and had made appropriate referrals to the local authority safeguarding team when incidents and events had occurred. They had also notified us, as required by law.

Assessing risk, safety monitoring and management

- A high number of people living at the home could, at times, display anxious or distressed behaviours. We found risk management plans were detailed and guided staff to take a positive approach when managing behaviours.
- We observed people being supported throughout the day and saw staff were confident when approaching people and supporting them in their confusion or anxiety. Staff knew people and their risks well and were able to explain techniques they used to reduce people's anxiety. 'Living Well' practitioners were employed to offer more stimulation to people, through an activity programme, with the aim of reducing the use of medicines prescribed for the management of behaviours.
- Staff told us handover meetings at the start of each shift provided them with information they needed to support people effectively. Staff had also received training in 'De-escalation Management and Intervention' (DMI) which they told us gave them confidence in supporting people.

Staffing and recruitment

- Relatives and staff told us they felt there were enough staff to support people safely and meet people's needs. At the time of the inspection 24 people were receiving one to one support from staff.
- We saw people received the level of support they required, and staff were available to respond to people in a timely way. We saw staff had time to spend with people and meaningful interactions and conversations were observed through the day.
- We reviewed two staff files and found staff had been safely recruited. Pre-employment checks had been carried out, including disclosure and Barring Service (DBS) checks, to ensure staff were safe to work with people.

Using medicines safely

- People received their medicines as prescribed. Nursing staff managed medicines systems to ensure people's medicines were administered safely. Student nurses were also being trained in medicines administration and management; we found their knowledge was good.
- Some people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording. We found records we checked relating to the administration, storage and disposal of these medicines were accurate. We observed a visual audit of these records took place during shift handovers.
- Where people were prescribed 'as required' medicines staff were aware and offered these regularly. A pain scoring system was used to assess whether people required pain relieving medicines. Records were reviewed regularly to ensure people were being offered their medicines.
- The home manager had notified us of a medicines error in the weeks prior to the inspection. An investigation into this incident was on-going at the time the inspection. The error had occurred after medicines systems were not followed, despite there being robust governance processes in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff told us they were encouraged to report any incidents or events to the home manager or senior management team. One staff member said, "I feel comfortable to go to any member of the senior management team their door is never closed, active listening is promoted. The provider's ethos means I have no concerns."
- Where events had taken place, action had been taken by the home manager to address the risk of reoccurrence. This included staff supervision, reflective practice and retraining, as well as analysis of events to identify patterns and trends.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Relatives we spoke with were very positive about the service. Comments included, "I am very happy [with the home], the staff are wonderful, so friendly. We are made to feel very welcome." Another relative commented, "This is the best home [person's name] has lived in. Staff understand them. I get detailed information about how [person] is getting on. I recently raised a question about their health needs; this was addressed straight away."
- Without exception staff gave positive feedback about the positive culture of the home and feedback reflected staff felt extremely well trained and supported in their roles. Staff we spoke with recognised the benefits of such a strong culture and explained how a person-centred approach benefited the people receiving care. One staff member said, "The home is vibrant, loving, caring and supportive."
- The provider's wellbeing team, led by the dementia care specialist, had a strong emphasis on meeting people's holistic needs, with a focus on each person's well-being. Staff recognised the importance of understanding people's life histories and experiences, which in turn enabled them to provide more personalised, tailored support to each person. This had a positive impact on people, for whom other services had previously failed, as staff took time to understand their needs and experiences so they could support them calmly, in ways that did not add to their anxieties.
- The provider had funded a masters in dementia studies for one staff member. They shared learning with the staff team to further equip staff with the skills and knowledge to look further at how people's daily lives could be enhanced. There was a strong focus on the senses and the importance of staff understanding how touch could impact people. Regular hand massages were used to ensure people were familiar with contact from staff and to promote reassurance. This meant when physical interventions were required people were more comfortable around staff as they were familiar with the contact.
- A relative shared with us the impact the staff team's approach had on their family member; "[Person's name] has lived in a few homes where they were very agitated but since moving to Perton Manor I can see they are very settled. Staff know how to support [person] and they chat to them a lot. The care is very, very good."

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

- Feedback from external agencies reflected the culture established by the provider in taking a therapeutic approach to each individual person. Staff worked alongside GP practices and community nursing teams to offer a 'therapeutic prescription' to people designed to complement any medicines currently prescribed,

with the long-term aim of reducing the use of medication relating to dementia. Feedback reflected the positive impact this had on people, including an increased involvement in daily activities which enabled people to tire naturally without relying on the use of medicines.

- Feedback from one professional reflected; "The provider has taken a highly personalised approach with the dementia service specialist role: recording life style choices and embodied life patterns to rationalise individual behaviours and issuing therapeutic prescriptions which regulate sleep patterns; increase appetite and reduce negative behaviours whilst increasing positive behaviours and wellbeing for the patients."
- Feedback from another professional reflected the engagement and involvement of relatives in the service; "I have been invited to many events which have provided invaluable connections with other health professionals but have also enabled me to meet some families dealing with dementia."
- Although people who lived at the home were not always able to communicate their thoughts about the service in general, staff were trained to promote their feedback about their daily living experiences. We observed one person being supported to eat their lunch and staff gently prompted them to describe how the food felt in their mouth and encouraged them to describe the flavour and texture of the meal. People were also encouraged to express their individual preferences in terms of personal care. We saw one person discuss their preference of a bath or shower with a staff member and their choice was supported by staff.
- Staff felt recognised as individuals and felt their diverse needs were supported by the management team. The dementia care specialist had worked with a local Lesbian Gay Bisexual Transgender Queer+ (LGBTQ+) group to promote a better understanding of residential care and discuss people's fears about traditional models of care. Staff who identified as LGBTQ+ were invited to support the event and positive feedback had been received; "[Provider name] have not only led on inclusivity within their homes but have also supported the wider community by; educating partners to make them dementia friends, made monetary donations to support services and been an integral part of bi-monthly meetings to expand our impact on those who identify as LGBT+ within Wolverhampton."
- Since the last inspection the provider had continued to work in partnership with a number of local agencies. These included schools, the police, local authorities as well as social care and health professionals. Comments from these agencies included, "[Provider name] have been a tremendous addition to our expanding network of partners." This collaborative working with other agencies supported the development of the service and enabled more effective joint working when supporting people who were in receipt of care from a number of agencies.

Continuous learning and improving care

- There was a strong emphasis placed on continuous improvement. Where people were unable to share their own ideas for service development staff actively sought the views of those family member or supporting professionals to advocate on their behalf.
- Led by the dementia care specialist the provider had developed an approach and training programme which represented the transition each individual has along their pathway with dementia and other complex mental health and physical changes. From living well to dying well.
- Research was central to the approach taken and feedback received from one agency reflected, "[Provider name] have provided an amazing gift to both staff and residents by becoming research ready. As we know, only by engaging in research will we understand, develop and improve quality of life. By developing new treatments, drugs, therapies etc within a safe, ethical environment we hope to improve healthcare outcomes."
- The training programme had been well received by staff who understood its purpose and felt equipped and confident to meet people's complex needs. One staff member said, "We are trained to assess risks before activities. The training is amazing." Other staff described the training and opportunities for development as 'life changing' and felt the provider had fully supported their career aspirations.
- Feedback from external professionals also reflected the quality of staff training; "It is so refreshing to hear

about the training offered to the staff...self-development being something all staff are encouraged to engage with. Research within the care home is part of the day to day conversation which is an incredible achievement many other care homes could benefit from. I value the relationship we have developed and am excited to develop it further by engaging in future research together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Feedback about the leadership and management of the home was overwhelmingly positive. External professionals described the management team as 'passionate' and 'committed'. The provider had built a strong ethos with the belief that that every person living with complex and severe dementia, can live better.
- The provider had continued to develop their training company, which supported both Perton Manor and the provider's other home. Training received by staff had a strong focus on well-being and positive behaviours while aiming to reduce the need for medication and de-escalation or intervention by staff. We found staff from all disciplines of the home understood the provider's ethos and aims.
- The home manager was described as 'approachable' by the staff team, who expressed they felt confident to raise any concerns or suggestions. Staff also described feeling able to speak with the provider and felt assured they would be listened to, and any concerns taken seriously. Where concerns had been shared with the management team these had been treated with sensitivity and dealt with confidentially. Where learning had been taken from incidents or events this was shared with the management team who shared learning with the wider staff team.
- There was a strong culture of staff development. The provider told us, "All staff have the opportunity to develop, not just care staff. We encourage student nurses and nursing assistants to develop and staff also move between different departments if they want to progress."
- The home manager and provider were aware of their responsibilities in relation to duty of candour. Where things had gone wrong a learning approach had been taken to reduce the likelihood of a similar future event.
- The home manager and provider, who was also the registered manager, understood their roles and responsibilities well. The home manager had notified us of any events as required by law and had provided any follow up information without delay. Audits and systems used for governance were well established and allowed the provider to maintain effective oversight of the safe running of the home. The use of technology to record behavioural patterns and events had been introduced to further improve the speed at which staff could review behaviours and identify any patterns or trends which could then be addressed.