MCCH

Perrymans

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

This inspection took place on the 12 July 2017 and was unannounced. At the previous inspection of this service in May 2015 we found they were meeting all the regulations we looked at during that inspection.

Perrymans is a six bed service providing support with personal care and accommodation to people with learning disabilities. At the time of the inspection six people were using the service.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Medicines were managed in a safe way

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the spirit of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place.

Staff spoke positively about the senior staff at the service. Systems were in place to seek the views of people on the running of the service.

We have made one recommendation that service user meetings cover more issues then just menu planning.

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.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well-led.	**Good**

Perrymans

Detailed findings

Background to this inspection

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

This inspection took place on the 12 July 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. 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.

During the inspection we spoke with one person and observed how staff interacted with people. We spoke with four members of staff. This included the assistant team leader, two support workers and a registered manager of a sister service who was present to provide support during the inspection. Records were examined relating to three people including care plans and risk assessments. We viewed medicines records and quality assurance systems. Staff recruitment, training and supervision records were checked as were checked various policies and procedures. We spoke with a visiting health care professional.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person replied 'yes' when asked if the felt safe.

The service had a safeguarding adult's policy in place. This made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Records showed that safeguarding allegations made since the last inspection had been dealt with in line with the procedure. Staff had undertaken training about safeguarding adults. They were aware of the different types of abuse that may occur in a care setting and of their responsibility to report any allegations of abuse. One member of staff said, "I would talk to my manager. If it was my manager I would talk to head office." Another staff member said, "I will tell my manager and whistle blow."

The service held money on behalf of people which was stored securely. When money was spent on behalf of people records and receipts were maintained and the responsible staff member signed to evidence they had spent the money. Monies were checked and signed for at each shift handover to make sure they were accurate. We checked people's monies and found the amounts held tallied with the amounts recorded. This meant there were systems in place to protect people from the risk of financial abuse.

Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Risk assessments were personalised and contained information about how to support individuals in a safe way. For example, the risk assessment on using the toilet for one person stated, "Staff to ensure that grab rails are down at each side of the toilet. Staff to stay in the toilet with [person], being as discreet as possible as [person] will get up from the toilet whether or not they are finished and is at risk of falling due to poor mobility." Other risk assessments covered skin condition, use of kitchen utensils and medicines.

Risk assessments were also in place providing guidance to support people who exhibited behaviours that challenged the service. These included information about things that might trigger such behaviours and what action staff needed to take to support the person. Staff had a good understanding of how to support people who exhibited behaviours which challenged the service.

Staff told us there were enough staff working at the service to meet people's needs. One member of staff said, "We always have enough staff. Three of us are on the floor and often service users are out at day services. We definitely have enough time to do everything." Another member of staff said, "Yeah, there are enough staff. When we are short we call agency staff." We noted on the day of inspection one staff member was off work sick and their shift had been covered by an agency staff member. This staff member told us they had worked regularly at the service and therefore knew the needs of people and how to support them. We saw there were three staff on duty during the course of our inspection in addition to management, which was in line with the staffing rota. We observed that staff were able to carry out their duties in a relaxed and unhurried manner and were able to meet people's needs in a timely manner.

The service had robust staff recruitment practices in place. Staff told us that checks were carried out on

them before they commenced working at the service. One staff member said, "They asked for references and did the DBS." DBS stands for Disclosure and Baring Service and is a check carried out in prospective staff to see if they have any criminal convictions or are on any list that bars them from working in the care sector. Records showed the service carried out appropriate checks on prospective staff including criminal records checks, proof of identification, previous employment history and references. This meant the service had taken steps to help ensure only suitable staff were employed.

Medicines were stored securely in locked and designated medicines cabinets. Records were maintained of the quantities of medicines held in stock and we found these records tallied with the actual amounts of medicines held. Medicine administration record (MAR) charts were maintained. These included the name, strength, dose and time of administration of each medicine. Staff signed these to indicate each time they administered a medicine to a person. We saw the MAR charts were completed accurately and were up to date. Where people were prescribed medicines on an 'as required' basis guidelines were in place about when this was to be administered. This meant the service had systems in place to promote the safe administration of medicines.

Cleaning products were stored in a designated cupboard inside the laundry room. We found the lock for this cupboard was broken on the day of inspection and the laundry room was not locked which meant people could access them and potentially consume them. We brought this to the attention of the assistant team leader who took immediate action to remove all COSHH products to a secure and locked location.

Good

Is the service effective?

Our findings

Staff undertook an induction programme on commencing work at the service. This included shadowing experienced staff to learn how to meet the needs of individuals and classroom based training. One recently recruited member of staff said of their induction, "I had an induction although I already knew the service users because I've been working here as agency staff since 2014. I went for training for one week at the head office. We did moving and handling, health and safety, safeguarding, first aid, food hygiene."

Staff undertook regular on-going training to ensure their skills and knowledge base was kept up to date. One staff member said, "They always update it [training] every year. I've had infection control, moving and handling medicines and safeguarding." There was a training matrix in place which helped identify which staff had undertaken which training course and when it needed to be updated. This showed staff training was up to date and included moving and handling, fire safety, safeguarding adults, medicines, food hygiene and health and safety. This helped staff to keep update with the skills required to support people.

Staff told us and records confirmed that they undertook regular one to one supervision with a senior member of staff. One staff member said, "We have supervision with the manager. They ask how I am getting on, if I need any help, if I am comfortable with the job and they also tell me if I am doing anything wrong." Another member of staff said, "I have it every month. I talk about myself and updating my training and to see if I have any problems." Staff also undertook an annual review of their performance and development needs to identify areas for growth in the coming year.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people had been deprived of their liberty DoLS authorisations had been obtained and the service had notified the Care Quality Commission of this in line with their legal responsibility to do so.

The service had carried out mental capacity assessments to determine if people had the capacity to make decisions for themselves. For example in relation to taking buying a wheelchair where the person may not have the capacity to understand the financial implications of this. Where it was deemed that people lacked capacity records showed best interest decisions where taken which involved relevant persons including family and health care professionals.

Staff were aware of the need to support people to make decisions and what to do if people lacked capacity. One staff member said, "We follow care plans, they have best interest decisions so we know what to do if

people can't make decisions." The same staff member said of helping a person to make a decision about their clothes, "If you show them [clothes] they can point to what she wants. If you give her something and they do not want it they will not put it on so you reach for another one." Another staff member said, "If I went to give [person] breakfast I will show them a choice of cereals. With dressing I will bring some clothes and say 'which one do you want to wear today' and they will have their own choice."

People were supported to make choices about what they ate. A weekly residents meeting was held which planned the menu for the week ahead. To help people make choices picture cards were used showing various foods which people were able to point to the ones they wanted. A member of staff said, "On Sundays we have a meeting with residents where we do the menu. We use pictures and they point at what they want." We saw on the day of inspection that the meal prepared was in line with the planned menu.

Care plans included personalised information about people's food and drink preferences. For example, the care plan for one person stated, "I do not like to consume food or drink that is too hot. Please make sure that my tea is warm, I like a lot of milk in it to cool it down. I prefer to have cold drinks most of the time." We saw one person required support with eating their meal and staff did this in a caring and sensitive manner. The staff member sat at the same level as the person and supported them to eat at their own pace, staying with them until they had finished their meal. The menu showed people were supported to eat a healthy, varied and balanced diet and we noted there was plenty of fresh fruit and vegetables in the home during our inspection.

The service supported people to access health care professionals as appropriate. Records showed people had access to health care services including GP's, dentist and opticians. We saw one person had worked with the physiotherapy service who had drawn up an exercise programme for the person. There was an illustrated guide to supporting the person with these exercises in their care plan and staff were knowledgeable about this. We spoke with a health professional who was visiting a person to provide care on the day of inspection. They told us they had no concerns about the service and that staff were knowledgeable about the needs of the person they supported.

People had 'Hospital Passports' in place. These provided information about the person to be given to hospital staff in the event a person was admitted to hospital. They included information about the person's past medical history, any current medicines they were taking, their communication needs, support required with eating and drinking and how they indicated if they were in pain. 'Health Action Plans' were also in place for people. These included information about supporting people to be healthy, for example through diet, exercise and access to relevant health care professionals. This meant the service has taken steps to promote people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us they liked the staff. One person replied 'yes' when asked if they liked the staff and if they treated them well.

We saw that staff had developed positive working relationships with people. The service had a stable staff team, many of whom had worked there for several years. This meant they had got to know people well. We observed positive interactions between people and staff. People were seen to be smiling and happy with staff and at ease in their company. Care plans included information about people's previous life history such as where they grew up, their education and their family. This helped staff to get a full picture of the person and to support them in building good relations with people.

Care plans included information about how to support people with their communication needs. For example, the care plan on communication for one person stated, "I cannot hold a conversation with people. I can respond to short sentences. I am able to say yes or no when asked a question." People also had communication passports in place which included information about how they communicated, for example through the use of vocalisations, body language and facial expressions. They explained how a person communicated if they were sad, angry, happy or bored and how they communicated yes or no to a question. The information in the passports was personalised around the needs of the individual. For example, for one person it stated that when they wished to use the toilet, "[Person] signs rubbing their hands near their shoulder and tries to take your hand."

People were supported to maintain their independence and care plans included information about this. For example, the care plan for one person stated, "I am able to put on my top but need support with buttons and to put trousers on." The care plan for another person stated, "Staff need to give me my toothbrush with toothpaste on it and encourage me to brush my teeth. Staff need to assist me when necessary." Staff understood how to promote people's independence. For example, one staff member said, "You ask them to do what they can. [Person] can comb their hair and brush their teeth. When you are dressing her she can put her shoes on herself, she can stand up and pull her trousers up." Another member of staff said, "I encourage her to do everything herself that she can. She likes to help to put her top on."

Staff told us how they promoted people's dignity and privacy. One staff member said, "Make sure that doors are closed [when supporting people with personal care]." Another member of staff said, "I need to close the door and curtains. Make sure they are covered up." The same staff member added, "I give them respect by talking to them nicely, joke and laugh with them."

We looked in three bedrooms with people's permission. Bedrooms were homely and personalised to the person's tastes, for example with family photographs and personal possessions. Communal areas were decorated with photographs of people engaging in various activities which added to the homely feel at the service. Bathroom and toilet doors were fitted with locks which contained an emergency override device. This helped to promote people's privacy in a way that was safe.

The service sought to meet people's needs in relation to equality and diversity issues. There were various adaptations around the home to support people with physical disabilities and the property was all on one level which made it accessible to people who used wheelchairs. People were supported to eat foods that reflected their religious and cultural backgrounds. One person attended a day service that was for people of a specific ethnic origin. The assistant team leader told us none of the current service users were in sexual relationships with people but they were supported to maintain relations with family and friends.

Good

Is the service responsive?

Our findings

People told us they were happy with the service. One person said 'yes' when we asked if they were happy living at the service and 'no' when asked if they had any problems.

The assistant team leader told us that after receiving an initial referral a senior member of staff carried out an assessment of the person's needs. This was to determine if the service was suitable to meet those needs. They said the person was invited to visit the service before making a decision about whether or not they wanted to move in. No people had moved in to the service since our previous inspection.

Care plans were developed with the input of people who used the service, their relatives and other professionals involved with their care. Care plans included information about supporting people with morning and evening routines, catheter care, personal care, accessing the community, social and leisure activities and relationships. They set out how to meet the needs of individuals in a personalised manner. For example, the care plan for one person on support with taking a shower stated, "Wet my skin, use Sanex shower gel to give me a thorough wash, shampoo my hair, rinse my body from head to toe, apply cream sparingly if any skin is dry, wet my body again, pat down with a towel gently, do not wipe."

Care plans included a one page profile which included information about sections on 'What I like doing' and 'Important things to know about me'. These provided concise information about important elements of the person's support to staff who were new to working with the person.

Care plans were subject to six monthly reviews which meant they were able to reflect people's needs as they changed over time. The assistant team leader said care plan were reviewed more frequently if necessary, telling us, "If a service users' needs change we are not going to wait, we are going to review it [the care plan] there and then." There was also a monthly evaluation of each person where the service was able to monitor progress made against goals set in the care plans so they were subject to continuous review.

The service supported people to engage in various activities both in-house and in the community. The assistant team leader told us one person attended a 'music memory' group for people with issues with memory loss. Other people attended day services where they engaged in various activities including community outreach work, cinemas and spas. The service supported people to take part in various community based activities such as visiting markets, lunch out and shopping. In house people were supported with card games, puzzles and music. We observed staff interacting with a person playing with various toys and puzzles and the person was seen to be enjoying this activity.

The service had a complaints procedure which included timescales for responding to complaints and details of whom people could complain to if they were not satisfied with the response from the service. A copy of the complaints procedure was on display in the communal area of the service. This had been produced in pictorial format to help make it more accessible to people. The assistant team leader told us there had not been any complaints received since our previous inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. They were supported in the day to day running of the service by an assistant team leader. Staff spoke positively of the registered manager. One staff member said, "I think [registered manager] is a good manager. When you are unsure she will come and show you how to do things. She goes around and checks things are being done properly. She is approachable. If I have a problem I can go and talk to her." Another staff member said, "She is a nice manager, she is good. You are not afraid of her. I don't have a problem with her." The same staff member also praised the working atmosphere at the service, saying, "It's nice, we work as a team together."

The service had various systems in place to monitor the quality of care and support provided and to check the service operated in a safe way. The assistant team leader told us there was a monthly audit carried out of, "Everything regarding the service." Records of these audits showed they included checks of care plans, safeguarding incidents, finances and health and safety records. We saw that issues identified in these audits were dealt with. For example, the audit carried out on the 30 June 2017 found that not all care plans had had a review in the previous six months and this was subsequently addressed.

Every six months a senior manager working for the provider carried out an audit of the service, the most recent was done on 29 June 2017. This looked at staff training, if any training was due or outstanding, if there were any outstanding CQC requirements or recommendations and medicines. The last audit highlighted that staff annual appraisals had not been done. The assistant team leader said these were now completed and records confirmed this.

The supplying pharmacist carried out an annual audit of the medicines practices. They were due to carry out their audit on the day of our inspection but we noted the assistant team manager re-arranged this with the pharmacist for a more convenient date. An annual property audit was carried which looked at the condition of the property and making sure safety checks such as PAT testing were up to date. The last such audit found that the laundry room needed to be re-furbished and this was subsequently done.

Staff told us they attended staff meetings. One staff member said of these meetings, "Whoever has a concern can bring it up. We talk about how the service is run and if there is anything to be reported. We talk about how we support people." Another member of staff said of team meetings, "We talk about the welfare of the service users, the rota and annual leave. If we have any issues we can discuss them."

The service carried out an annual survey of people. This looked at how happy people were with the support they got, if people were supported to make choices and be involved in their care plan and if their privacy was respected. Results of the most recent survey showed people were very satisfied with the support provided.

Weekly service user meetings were held. There was a set agenda which included health and safety, service updates and activities. However, we checked minutes of meetings going back to December 2016 and found the only agenda item discussed each week was the menu. We discussed this with the assistant team leader

who confirmed that the meetings were supposed to be more wide ranging in their scope. We recommend that service user meetings cover all areas of interests to people and not just menus.