Greensleeves Homes Trust

Pelsall Hall

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 29 November 2016 and was unannounced.

Pelsall Hall is a care home that provides accommodation and personal care for up to 41 people. There were 39 people living at the home on the day of our inspection.

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

At our last inspection on 17 February 2016, we found breaches of Regulations of the Health and Social Care 2008 (Regulated Activities) 2014. We gave the service an overall rating of requires improvement. These breaches related to the provider's failure to protect people from the risk of harm, consistently meet people's nutritional needs or establish robust quality assurance systems. The provider sent us an action plan setting out the improvements they intended to make.

At this inspection, we found the provider had made significant improvements to the service. They had taken steps to protect people from harm and abuse. Staff had been given training in, and understood, how to recognise and report abuse. The risks associated with people's care and support needs had been assessed and plans put in place to manage these. The provider assessed and organised their staffing requirements in order to meet people's individual needs. People received their medicines safely from trained staff.

Staff had the necessary skills and knowledge to meet people's needs and to communicate with them effectively. The provider protected people's right under the Mental Capacity Act 2005. People had the support they needed to eat and drink. Staff monitored people's health and helped them to access healthcare services.

Staff adopted a caring approach towards their work and knew the people they supported well. The provider encouraged people's involvement in care decisions that affected them. Staff treated people with dignity and respect.

People received care and support that was shaped around their needs and preferences. People and their relatives knew how to complain, if they were unhappy with any aspect of the service provided.

The provider promoted an open and inclusive culture within the service. People and their relatives felt the provider took their views into account. Staff felt well supported and able to challenge working practices. The provider made use of quality assurance systems to drive improvement at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and abuse. The risks to individuals had been assessed, recorded and plans introduced to manage these. The provider followed safe recruitment practices. People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge needed to meet people's individual needs. Staff sought people's consent before carrying out care tasks. The provider had assessed and managed any risks associated with people eating and drinking. Staff helped people to access healthcare services.

Is the service caring?

Good

The service was caring.

Staff adopted a caring and compassionate approach towards their work with people. The provider encouraged people's involvement in care decisions. Staff treated people in a dignified and respectful manner.

Is the service responsive?

Good

The service was responsive.

People received care and support that was tailored to their individual needs and preferences. People and their relatives understood how to complain about the service, and felt comfortable about doing so. The provider actively sought feedback on the service.

Is the service well-led?

Good

The service was well-led.

The provider encouraged a positive, ongoing dialogue with people, their relatives and the staff team. Staff felt well

supported and had faith in the management team. The provider used quality assurance systems to assess and monitor the quality of the service people received.

Pelsall Hall

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 29 November 2016 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

As part of our inspection, we looked at the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service, and looked at the statutory notifications the home manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with nine people who used the service, five relatives and a local speech and language therapist. We also talked to five members of staff, including a carer, senior carer, the head chef, the deputy manager and the registered manager. We looked at two people's care plans, medicine records, incident forms, DNACPR forms, DoLS authorisations and records associated with the provider's quality assurance systems.

Good

Is the service safe?

Our findings

At our last inspection, the provider was placing people at risk of injury because staff were not always adhering to safe practices when moving people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent to us, the provider set out the steps they intended to take to ensure staff supported people to move and transfer safely. These included reviewing people's moving and handling assessments, reassessing the competence of staff and providing additional training where needed.

At this inspection, we found the provider was meeting the requirements of Regulation 12. Staff supported people to move safely, reflecting best practice and the guidance in people's individual moving and handling assessments. Staff made safe and appropriate use of the mobility aids and equipment provided to minimise the risk of harm to people and themselves.

At the last inspection, the provider needed to make improvements to the way in which staff were deployed and supported people. The people and relatives we spoke with during this inspection felt the staffing arrangements at the home were safe and appropriate. One person said, "I'm never hanging around for help." Another person told us, "They (staff) always help me when I need them; I'm never kept waiting." Throughout our time at the home, we saw that there were enough staff on duty to promptly respond to people's needs and any requests for assistance.

The registered manager explained that, since our last inspection, they had increased staffing levels based upon a review of people's individual care and support needs. The provider checked that all new staff were suitable to work with people, before allowing them to start work at the home. These checks included an enhanced Disclosure and Barring Service (DBS) check and obtaining suitable employment references. The staff we spoke with confirmed that they had undergone these checks. The provider restricted the use of agency staffing, and dealt with a single staff agency, to improve the continuity of care.

People told us they felt safe living at the home. One person said, "It's having the company; you've got people coming to check on you. Everyone's so nice." People's relatives also had confidence their family members were safe, and that staff struck the right balance between protecting people and respecting their right to take risks. A relative explained, "[Person's name] is as safe as they can be without taking everything away from them. They (staff) let him make their own decisions." This person went on to say that, as a result, "[Person's name] has quality of life."

People and their relatives said the provider encouraged them to voice any concerns they may have about the safety or wellbeing of people living at the home. They confirmed that they would not hesitate to raise any such concerns. A relative told us, "The first people I speak to are the lasses on the floor. Then, I'll go to the senior if it's a medicines issue. If it needed urgent attention, [deputy manager] and [registered manager] are always available. They've always had time for me."

The provider had given staff guidance and training in protecting people from harm and abuse. Staff

understood the different forms and potential signs of abuse. They gave us examples of the kind of things that may give them cause for concern, such as changes in a person's behaviour or appetite. A staff member explained, "It's about observations. When you work with people for such a long time, you get to know them better and understand their body language." Staff recognised the need to report abuse immediately. Another staff member told us, "We (staff) all know to document abuse and report it to management straight away." The provider had developed safeguarding procedures to ensure any allegations of abuse were reported to the appropriate external authorities and thoroughly investigated. Our records showed the provider had previously made external notifications in line with these procedures.

The provider had assessed, recorded and kept under review the risks associated with people's individual care and support needs. They had put plans in place to manage these risks. We saw these plans covered important aspects of keeping people safe, such as monitoring their health, minimising the risks of falls and safely administering their medicines. The provider had also taken steps to manage the risks connected with the premises and the equipment used by people and staff. For example, during our inspection a maintenance worker was carrying out checks on the home's fire doors, to make sure these were closing properly.

People and their relatives told us the provider encouraged them to be involved in decisions about the risks affecting them. On this subject, a relative told us, "They (management) will ring me at home and say can you pop into the office and discuss such and such." The staff we spoke with demonstrated an understanding of the purpose and content of people's risk assessments. In the event that the risks to people changed, the provider had developed systems and procedures to make sure this information was shared with staff. These included daily handovers between staff, the recording and review of daily care notes and use of a staff communication book. Handover is the means by which staff leaving duty pass on important information about people face-to-face with the staff arriving on shift. Staff confirmed that they had access to the up-to-date information needed to keep people and themselves safe.

If people were involved in any accidents of incidents, staff understood the need to record and report these to a senior carer or member of the management team. The registered manager explained that they used these reports to identify the cause of events, and take action to reduce the risk of things happening again. We saw examples of incident reports that confirmed the management team's role in reviewing these documents. One relative praised the provider's thorough investigation into an incident involving their family member that had resulted in a positive outcome for this person.

People and their relatives were satisfied with the assistance and support staff gave people with their medicines. We checked people's medicine records, looked at the medicine storage arrangements and observed how staff helped people to take their medicines. We found the provider had put systems and procedures in place that reflected good practice, and were designed to ensure people received their medicines safely. All staff involved in the handling or administration of people's medicines had received training to do safely. The management team also carried out periodic observations on staff to assess their competence in this area.

Good

Is the service effective?

Our findings

At our last inspection, we found the provider had not always recognised people's nutritional and dietary needs or given them the supported needed to meet these. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent us, the provider set out the actions they planned to take to address these concerns. These included improving the way they deployed staff during mealtimes and seeking any specialist nutritional advice needed without delay.

At this inspection, we found the provider was meeting the requirements of Regulation 14. They had taken into account people's nutritional and dietary requirements, and any practical support they needed to eat and drink. In doing so, they had sought any specialist advice required from the speech and language therapy (SALT) team and dietician. During our inspection, we spoke to a speech and language therapist who supported people at the home. They had not identified any concerns in relation to the support people had to eat and drink, and were confident staff would follow the guidelines they provided. A relative we spoke with praised the manner in which the provider had worked with a local dietician to address their family member's weight loss. This person also described how staff encouraged their family member to drink enough by making plenty of drinks available to them in their bedroom.

The head chef confirmed they had the up-to-date information they needed to prepare meals in line with people's nutritional needs. The provider kept a copy of each person's nutritional care plan in the kitchen, for easy reference by kitchen staff. The head chef explained, "There is good communication between the home and kitchen. They would let me know if there were specific dietary requirements for new residents."

People and their relatives were satisfied with the quality and quantity of food and drink on offer. One person told us, "I can't complain. I enjoy what they (staff) get me and if I want a bit more, they'll give it to me." A relative said, "We had a meal here and it was very nice. You couldn't fault it." During our time at the home, we saw that people were offered regular drinks and snacks. People confirmed they were able to choose what they wanted to eat and drink on a day-to-day basis. One person told us, "There's a menu. They usually come round on an afternoon to ask what you want. If you say you want anything special, they'll do it for you, within reason." We saw that staff showed people pictures of the meals on offer, or offered them a taste, to help them make their choices. The registered manager explained that they also worked with people's relatives to understand and, where possible, accommodate their family member's food and drink preferences.

At our last inspection, people did not always receive the support they needed to eat and drink during mealtimes. During this inspection, we observed how staff supported people at lunch. The senior carer allocated a member of staff to each dining table, ensuring people had plenty of support from staff to eat and drink. We saw that lunch was a relaxed and flexible affair. People chatted freely and joked with one another and staff as they ate their meals. One person indicated to staff they would prefer to eat later, and was offered a drink in the meantime, which they happily accepted. People were given a choice of food and drink, including alternatives not on the menu. Staff gave people plenty of encouragement, and any physical assistance needed to eat and drink safely and comfortably.

We looked at how the provider protected people's rights under the Mental Capacity Act 2005 (MCA). The 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.

At our last inspection, we found one person was being given their medicines covertly. The covert administration of medicines should only be used following an assessment of the person's capacity to make a decision about their medicines and a best interests meeting. A best interests meeting had not been held in relation to the decision made to covertly administer this person's medicines.

At this inspection, six people were now receiving their medicines covertly. The registered manager confirmed that the decision to covertly administer each person's medicines had been made following a best interests process in line with the MCA. We saw evidence of a best interest meeting held in relation to the use of covert medicines during our inspection.

The registered manager, and staff we spoke with, understood what the MCA meant for their work with people. Staff understood the need to support people's day-to-day decision-making, and to seek advice if people were unable to make certain decisions for themselves. A staff member explained, "Just because someone lives with dementia it does not mean they can't make decisions for themselves. People can make simple choices about what they want, it's just the more difficult ones they need help with." During our time at the home, we saw that staff sought people's consent before carrying out care tasks and respected their choices and decisions.

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). The registered manager had assessed each person's individual care and support arrangements and had made DoLS applications on this basis. They were clear about the current status of each person's DoLS application. Two people's applications had been authorised, without any conditions, whilst another was still being processed by the relevant funding authority.

We saw decisions about whether cardiopulmonary resuscitation (CPR) should be attempted with individuals had been made by the appropriate healthcare professionals and clearly documented in people's care files. The provider had placed a discreet visual reminder on people's bedroom doors to ensure staff were aware who had a do not attempt CPR (DNACPR) form in place.

People and their relatives felt that staff had the necessary skills and knowledge to meet people's individual needs and communicate with them. One relative praised the professional and calm manner in which they had witnessed staff respond to a recent medical emergency involving a person living at the home. Another relative talked about the effective use staff made of hoists and other mobility equipment.

The provider required all new staff to complete an induction. During this period, staff underwent initial training, worked alongside more experienced colleagues and got to know the people they would be supporting. Staff told us their induction had been a useful introduction to their job roles. Agency staff were also required to complete a shortened induction to the home, to ensure they were able to support people safely and effectively.

Following induction, staff participated in an ongoing programme of training and refresher training. In planning staff training, the provider had taken into account both mandatory training requirements and

people's specific care and support needs. Staff spoke positively about the training provided. One staff member described how their training on the Eden Alternative philosophy had helped them to better appreciate the loss that people experienced when moving into a care home. The Eden Alternative is a philosophy promoting person-centred care in care homes.

Aside from formal training, staff attended regular one-to-one meetings with their line manager to identify any additional support they may need. Staff told us these meetings were a useful opportunity to talk about any difficulties in their work, receive feedback on their performance and identify further training. One staff member explained, "They'll tell me if I've done something wrong, and ask me if there is any training I want or if I have any concerns."

People and their relatives told us that staff played a positive role in helping people to maintain their health. Staff monitored people's health on a day-to-day basis, and helped them access healthcare services if there was a change or deterioration in their health. One person explained, "They (staff) look at you if you looking a bit peaky and ask you if you are alright. They say to me, 'You haven't been well today; do you want a doctor?'" A relative praised the prompt action staff had taken when concerned their family member was suffering from a potentially serious medical condition. This person added, "It was the fact that they had monitored [person's name] and been proactive that impressed me." The provider helped people to access and, where necessary, attend medical appointments and routine check-ups with a range of healthcare professionals. We saw details of the healthcare professionals who had been involved in monitoring people's health in people's care files.

Good

Is the service caring?

Our findings

People and their relatives felt staff showed kindness and compassion in their work. One person told us, "The staff are very good. They can't do too much for you, and they don't take you for granted." A relative said, "They (staff) are all very caring and very consistent in what they do. They will go out of their way to help and they work their cotton socks off; I can't fault them." Staff demonstrated their respect and affection for the people they supported in the things they said to us. For example, one staff member described how they and their colleagues arrived at work an hour early on Christmas morning to make that day a bit more special for people. Staff knew the people they supported well, and were able to talk, in some detail, about their individual needs and preferences. On this subject, one person told us, "From the moment I wake up, they (staff) know my preferences for how I like things done."

During our inspection, we saw many caring and respectful interactions between staff and the people living at the home. For example, at one point, a number of staff arrived at the home to take part in a fire safety course. These staff members took the time to cheerfully greet people in the home's main lounge, and explain what they were doing at the home that day. Staff also gave people frequent praise and encouragement as they spent time with them. For example, we heard one person, who was walking with the assistance of their walking frame, proudly tell the staff member supporting them their age. The staff member replied, "You're doing fantastically well." People were clearly at ease in their home, and freely engaged staff and their fellow residents in light-hearted conversation. Staff listened to people, and took interest in what they had to say to them.

We witnessed a number of instances in which staff demonstrated their concern for people's comfort and wellbeing. For example, staff took prompt action to investigate one person's complaint that their chest felt tight. Staff offered this person a drink, following which the person settled. On another occasion, staff were observant enough to notice that the sun was in people's eyes. Staff closed the curtains and checked with people whether this made them more comfortable.

People and their relatives told us the provider involved them in decisions about the care and support provided. One person told us, "They (staff) ask me questions, so that they get a fair idea of my way of living." A relative said, "Instead of ignoring me, they (provider) seek my advice. I like the fact that I'm included, and that they don't reject my opinion." The provider had developed procedures to facilitate and encourage people's participation in care planning and decisions. They met with people and, where appropriate, their relatives to carry out the initial assessment of people's needs before they moved into the home. A relative explained, "[Deputy manager] came out to assess and get to know [person's name]. We spent a lot of time talking about their background and abilities. We had a very comprehensive discussion about their care plan." People and their relatives were also encouraged to attend people's six-monthly care reviews. In addition, the provider organised quarterly residents and relatives meetings at the home, to give people a further opportunity to have their say. None of the people living at the home had the support of an advocate at the time of our inspection. However, the registered manager indicated that they would support people to access advocacy services, as necessary, to ensure their voice was heard on important matters.

People and their relatives felt staff protected people's privacy and dignity. One relative described the respectful and discreet manner in which staff helped their family member to move and transfer. People told us that staff enabled them to be as independent as they wanted to be. One person explained, "They leave you to it. You say 'can I do this for myself?' and they say 'of course you can'. It's a nice relaxed atmosphere – just what I like." Another person said, "If you can do it yourself, they (staff) let you do it yourself. I'd rather be here than at home." The staff we spoke with understood the importance of respecting people's rights and treating them in a respectful manner. Staff gave us examples of how they put this understanding into practice. This included respecting people's choices and decisions, showing concern for their wellbeing and meeting their personal care needs in a discreet and sensitive manner.

Good

Is the service responsive?

Our findings

People and their relatives told us the care staff provided was tailored to people's individual wishes, needs and preferences. One person explained, "Things happen the right way here to suit me." They felt the provider welcomed their involvement in care decisions, listened to them and took their views on board. One person explained, "If you ask for something, and it's possible to do it, they (provider) will do it." During our time at the home, we saw examples of staff adapting the way they cared for people to meet individual needs. For example, staff used a pictorial communication board to promote effective communication with one person, due to their communication needs.

We saw people's care plans contained details of their life history, preferences and individual care needs. A relative described to us how the registered manager had encouraged them to compile a folder of information about their family member's life, interests and preferences to assist staff. During our inspection, we saw how staff used their knowledge of people to engage them in conversation about things they had an interest in.

People's key workers were responsible for reviewing their care plans on a four-weekly basis to ensure the information remained accurate and up-to-date. Wherever possible, staff involved people in this process. A key worker is staff member who acts as a focal point for the person and their relatives, and who ensures the person's individual requirements are met.

People and their relatives told us staff supported people to pursue their interests, and to spend time doing things they found enjoyable. One relative explained, "Music is [person's name's] first love and that's facilitated." This person went on to say, "Not many weeks go by without a singer coming into the home." A person told us they particularly enjoyed the general knowledge quizzes and watching sport on the television, adding, "There's more (activities) than I need." Another person said, "You can always find something to do." The provider employed activities coordinators to take the lead in organising a varied programme of in-house and community-based activities. These included regular themed and seasonal events, visits from entertainers, group games and day trips to places of interest. Holy Communion and other church services were regularly held at the home to enable people to worship if they wished.

During our time at the home, we saw people making Christmas decorations and helping to decorate the Christmas tree. Others sat listening to music, reading or chatting with staff. One of the people we spoke with told us how much they had enjoyed dressing the Christmas tree.

The provider and staff played an active role in helping people to maintain relationships with those they valued. Staff offered any practical assistance people needed to contact friends and relatives. A staff member explained, "If someone is down or fed up, we talk to them about their families and reassure them they are still thought about and that their families are still there. We also offer to help them ring their families."

People and their relatives understood how to raise a complaint about the service provided. They told us they felt comfortable about approaching either staff, or the management team directly, depending how

serious their concern was. A relative explained, "If it was a minor concern, I'd go to a senior. If it was about the staff, I'd go to [deputy manager] or [registered manager]." People and their relatives had confidence that the provider would take their concerns seriously. The provider had developed a formal complaints procedure to ensure complaints were handled and investigated appropriately. The registered manager talked us through the most recent complaint received by the provider. This had been resolved to the complainant's satisfaction and had resulted in changes to the cleaning schedule.

Aside from acting on complaints, the provider actively sought other feedback on the service. They invited people and their relatives to complete an annual survey, the results of which were made available to people. Suggestions slips were also available in the home's reception area for people or visitors to complete at any time. The registered manager told us they reviewed all feedback received about the service, to identify any action needed to make improvements. For example, as a result of recent feedback from relatives, the registered manager was organising basic moving and handling training for those relatives who felt they would be benefit from this.

Good

Is the service well-led?

Our findings

At our last inspection, we found the provider's insufficient quality assurance processes had affected the quality of the care some people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent to us, the provider set out the actions they planned to take to address this concern. These included increasing management presence around the home to better monitor how staff were working.

At this inspection, we found the provider was meeting the requirements of Regulation 17. They had made use of their quality assurance systems to assess, monitor and improve the quality of the care people received. The registered manager explained that these systems included regular unannounced visits from the provider's internal quality team, independent health and safety audits by an external consultancy and their own monthly quality audits. The registered manager and deputy manager told us they also now maintained a greater management presence in the home's communal areas. This allowed them to carry out regular unannounced competency checks on staff to ensure they were still working in the expected manner. During our inspection, we saw clear evidence of the improvements resulting from the provider's quality assurance systems. This had enabled them to address the shortfalls in quality identified at our last inspection. The registered manager explained that they kept themselves abreast of best practice by, amongst other things, attending events run by the local authority, participating in further training and accessing social care websites. This helped them to measure the quality of the service they provided, and to incorporate developments in best practice within the home.

The provider promoted an open and inclusive culture within the service, based upon a positive, ongoing dialogue with people, their relatives and the staff team. People and their relatives told us communication with the provider was good. They felt their opinions mattered to the provider, and that they were treated in a fair and supportive manner. The provider worked to strengthen their links with the local community through, for example, advertising upcoming events at the home in the local area. They also recognised their duty to be open and transparent when things went wrong. We saw that the issues we identified at our last inspection, and the action taken by the provider to address these, were clearly displayed on a board in the home's communal area. A relative we spoke with praised the provider's openness in inviting all relatives to a meeting to discuss the outcomes of the last inspection. People and their relatives spoke positively about the management team, who they described as "professional", "approachable", and "not too proud to muck in."

The staff we spoke with felt well supported by the management team, with whom they shared a sense of shared purpose. Through regular staff meetings, and the approachability of the management team, staff felt able to have their say and to question working practices, if necessary. One staff member explained, "We can comment on how we think things should be done to better ourselves." Staff demonstrated clear enthusiasm for their work and were clear about what was expected of them. They had faith in the management team, and their willingness to act on issues brought to their attention. The registered manager explained to us that the recent review of staffing levels at the service had been a direct result of feedback from staff. Staff told us they would follow the provider's whistleblowing policy, in the event they had any serious concerns about any wrongdoing by the service.

The registered manager demonstrated a good understanding of the duties and responsibilities associated with their post. They spoke highly of the support and resources made available to them by the provider, and the degree to which this had allowed them to make improvements in the service provided.