

# Heart of England Properties Limited

## Perton Manor

### Inspection report

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Date of inspection visit:  
30 March 2016

Date of publication:  
20 June 2016

### 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 was unannounced and took place on 30 March 2016. The service was registered to provide accommodation for up to 50 people. At the time of our inspection, 49 people were using the service. Perton Manor is divided into two wings; the east wing accommodates people with complex mental health needs, the west wing accommodates people who are living with dementia and may have physical care needs and/or nursing needs.

There was a registered manager in post. 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.

Our last inspection took place on 4 March 2015, and at that time we asked the provider to make improvements in the way they safeguarded people and protected them from harm. At this inspection, we found improvements had been made. Staff were aware of the different types of abuse that could happen and were confident in how to raise any concerns. We had also asked the provider to make improvements to ensure the way they checked the quality of the service was more effective. We also asked them to demonstrate how they would reduce the risks of incidents occurring. Again, we found that improvements had been made. We saw the provider had analysed information which resulted in reductions in incidents.

We found that risks to individual were managed and staff were skilled in protecting people from harm. Staff were aware of potential risks and supported people in a safe manner. There were enough staff to meet people's needs and staff were recruited in a safe way. Medicines were managed safely and staff were trained to do this.

When people were not able to make decisions for themselves, we saw that capacity assessments had been completed and decisions about their care and support were made in their best interests. When people who lacked capacity were being restricted, the provider had ensured this authorised legally.

Staff had the knowledge and skills they needed to support people and meet their needs. People were supported to have sufficient to eat and drink and to maintain their health.

People were treated in a kind and caring way, and their dignity and privacy was promoted and respected. People were encouraged to be as independent as they could be and were encouraged to make decisions about their care and support. Relatives were also encouraged to be involved with the planning and review of people's care.

Staff knew people well and supported people to take part in activities and follow their interests. People knew how to raise any issues or complaints and we saw the provider had dealt with these and people had been listened to.

People spoke positively about the home and felt it was managed well. They were also encouraged to share their experiences with the management team.

## 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 safe and protected from harm and abuse. Staff demonstrated they were skilled in protecting people. Risks to individuals were assessed and these were reviewed regularly. There were enough staff to meet people's needs and keep them safe. The provider recruited staff in a safe way and people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.□

People were supported to make decisions. When people were not able to make decisions, care and support was provided in their best interests. When people were restricted this necessary authorisations were in place. Staff had the knowledge and skills they needed to support people. People enjoyed the food and their nutritional needs were met. People were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their dignity and privacy were promoted and respected. People were encouraged to be independent and were enabled to make choices and have some control in their lives. Visitors were made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved with the planning and reviewing of their care. People were supported to follow their interests and take part in activities. People knew how to raise any concerns and the provider acted on this.

### Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to check the quality of the service and drive continuous improvement. There was a positive culture within the home and staff felt supported by the management team. People were encouraged to share their experiences of the service.

# Perton Manor

## 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 visit took place on 30 March 2016 and was unannounced. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people and people living with dementia. A specialist advisor is a person who has professional experience in a particular area of work. This specialist advisor was a registered mental health nurse who had experience of working with older adults and people living with dementia.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with six people who used the service, seven visiting relatives, seven members of care staff, and a nurse. We also spoke with the wellbeing manager, complex needs manager and the head of nursing. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of five people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

At our previous inspection, we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in the way people were safeguarded against harm. We found that some staff were not aware of certain practices that could be regarded as abuse. At this inspection, we found that improvements had been made. Staff were knowledgeable about safeguarding vulnerable people. They were able to tell us about the different types of abuse that could happen and how they would recognise this. One staff member said, "I would look out for any signs of distress; some people may not be able to tell us, so we have to act on what we see." Staff told us they would be confident in reporting any concerns to the provider and were certain that these would be acted upon. We saw procedures were in place to report any issues and these had been followed by the provider when needed.

People told us they felt safe. One person said, "I am happy here, there's no reason I shouldn't feel safe." One visitor told us, "Yes, my relative is definitely safe." Another relative said, "For us it is peace of mind. The care is excellent."

Staff told us about the whistle blowing policy that was in place. This policy protects staff if they wanted to report any concerns, anonymously if they preferred. One staff member said, "I would have to report anything. I would go to the manager, or if needed would speak to someone higher up." Staff we spoke with said they would be confident to do this.

Some people who used the service could become anxious and upset, and were at risk of hurting themselves or those around them. We observed staff supporting one person when this happened. We saw staff were confident in how they did this, and they managed the situation well. At all times the staff were calm and respectful towards the person who, with this support, became less anxious. Staff told us about the training they had to support people who could become challenging or aggressive. One member of staff said, "We are trained to look out for triggers and to diffuse situations so people don't hurt themselves or others." Staff told us that any physical intervention was only ever used as a last resort. This demonstrated that staff were skilled in protecting people from harm.

We saw that risks to individuals were assessed and managed. For example, when people had been assessed as requiring a pureed diet due to the risk of choking, we saw that people's food was prepared in the way the speech and language therapist had recommended. One staff member said, "There are some people who need a pureed diet because they can't swallow properly and may choke." We saw that people's care plans reflected these recommendations so staff had clear guidance to follow.

Some people were at risk of developing sore skin, and we observed staff followed guidance to encourage people to stand up and then sit down so they changed position in their chair. We also saw that when people needed special cushions or mattresses to protect their skin these were available. We saw that the mattresses were set to the recommended pressure so any risks were minimised.

We observed people being transferred in a safe way from the lounge chair to their wheelchair. During this, staff would speak with them and reassure them so they knew what was happening. Staff ensured people had their arms tucked in so they would not hurt themselves on the straps. We saw people's care plans recorded how staff should do this and which specific equipment should be used so they were clear how to support each person. We saw that the equipment was checked and maintained to ensure it was safe to use.

People were encouraged to walk around when they could. One visitor said, "My relative is able to walk around anywhere, it's a safe environment." We saw that if people needed help to do this safely, staff would support them. There had been occasions when people who were able to walk without needing support had fallen, and we saw the provider had notified us about this and people's risk assessments had been reviewed and amended to reflect the person's situation.

We saw that people had personal evacuation plans in place, which were reviewed each month to ensure they were up to date. One staff member said, "The information is clear so we would all know what to do if the situation arose." Staff were clear as to who needed what kind of support to keep them safe if there was an emergency.

We saw and people told us there were enough staff to meet people's needs. One person said, "Yes, I think there is enough staff." One visitor told us, "There is always someone close by which my relative needs because they can get anxious." Another visitor said, "My relative can have one to one support for up to six hours a day when they need it." One staff member said, "Yes there is enough staff. There are people available to meet people's personal care needs and we can spend time with them. I really like talking with people and finding out about their past." Another staff member said, "I feel there's a good staffing ratio." We saw that when people requested support they did not have to wait for staff to help them. The provider told us they would review people's support needs and would discuss any changes with the commissioners to ensure that each person's needs were met and they were kept safe.

The staff files we checked showed the provider had safe recruitment processes in place. We saw that people had police checks completed before they started to work at the service and when needed, staff had risk assessments completed. We saw the provider ensured staff had given a full employment history and references were taken out.

People told us they received their medicines. One person said, "I get my tablets at the same time every day." One visitor told us, "I know what medication my relative has and I am kept up to date." One staff member said, "Some people will refuse their medicines in the morning, and may then become anxious. So we'll give them time to calm, and then they'll accept them later on." Staff told us that they had to receive training before they could administer people's medicines to ensure they did this correctly. We saw that medicines were stored safely and administration records were up to date and completed fully. We saw the provider had protocols in place which clearly stated how medicines should be managed safely.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw the provider was working within the principles of the MCA, and that when needed, authorisations to deprive people of their liberty had been granted. Staff showed an awareness of the Act and their responsibilities within this. One staff member told us, "Some people can make certain decisions, others can't. We have to get to know the people as everyone is different." Another staff member said, "There are some people who don't want to be here and say they want to go home. But because of their condition they don't understand; so it's in their best interests to be here as it keeps them safe." Even when some people found it difficult to understand certain things, we saw the staff offer choices and gain their agreement in a meaningful way. For example, staff would ask people if they agreed to the support offered, and they would give people time to respond. Staff also knew how people communicated, so they would know what certain gestures or non-verbal communication meant. We saw that people's capacity had been assessed and their support plans reflected how to support them in their best interests. We saw that when people who were assessed as lacking capacity had 'do not attempt cardio pulmonary resuscitation' decisions made within their end of life care plan, discussions had been held with their family about this.

We found that people received care from staff who had the knowledge and skills needed to support them. Staff spoke highly about the induction they received when they started working at the service. One staff member said, "I was paid to attend the one week induction; it was very good and covered a lot of areas I needed to know about." Another staff member told us, "I've still got a lot to learn. When I first started doing the training, I was nervous, as I did not know what to expect. But I spent time on the unit as part of my training and was assigned a mentor. They still support me and I get my supervisions from them. I can go to them if I have any questions or need advice."

Relatives spoke positively about the staffs knowledge and skills. One relative said, "The staff are a lot more experienced here compared to where my relative was before." Another told us, "The staff are well trained. My relative gets brilliant and fantastic care." Staff told us they received ongoing training that the provider arranged. One staff member said, "The training is very good here; I've never been anywhere where it is so good." Another staff member told us, "I've had a lot of training and have been able to put what I've learnt into practice. We support people who live with dementia and it's better if we can re-direct them if they start to become anxious. I may suggest that we go for a walk together in the garden."

People said they enjoyed the food. After lunch, one person told us, "That was lovely, I could eat that again." We saw staff respond to people's specific requests so they had food they asked for. One person asked to have another breakfast, and this was prepared for them. Staff were also aware when people did not realise when they had enough to eat. When this person asked for even more breakfast, the staff suggested they go for a walk together to take their mind off food. The person happily went for a walk and did not keep asking for more food.

People told us they could get drinks when they wanted. One person said, "I like a cup of tea; I just go and help myself." We saw staff offer people a choice of drinks throughout the day, and when people were not able to verbally state their preference staff used alternative ways for them to express their choice. For example, they showed people the jugs with drinks in, and people pointed to the drink of their choosing, using the colour to help them decide. There were drinks dispensers in the dining areas so people could help themselves to cold drinks when they wanted.

Staff recorded what people had to eat and drink in a notebook and then transferred this information to a monitoring sheet. They totalled the amounts people had so staff could see how much people had to drink and eat over the day to check they had enough. This then enabled staff to monitor people's nutrition and they told us they would seek advice if there were any concerns. Staff were able to tell us about people who had specialist diets and were aware of people's nutrition needs.

People were supported to maintain their health and have access to healthcare services. One person told us, "I saw the doctor about a problem." One visitor said, "My relative sees the doctor and the community nurses. The doctors coming in later today." Another relative told us, "I mentioned about a problem two days ago, and I know the chiropodist is coming in tomorrow." Families were kept informed about any changes in their relative's health. One visitor said, "The staff noticed there was a problem and so they arranged for tests. Now we know what the issue is, they are doing what they can to keep them comfortable." We saw referrals were made to different health professionals when needed and this was done in a timely manner.

## Is the service caring?

### Our findings

People told us and we saw that positive caring relationships had been developed. One person said, "We all get on; it's all laughs here." One relative told us, "The staff are very loving." Another said, "The staff are very caring and supportive." We observed compassionate and kind interactions between the staff and people who used the service. For example, when people were unable to communicate verbally, staff would sit with them and talk about subjects they knew they were interested in. One relative told us, "The staff know about the sport they used to enjoy and will take time to talk about this with them." We saw staff reassure people by stroking their arm when they became distressed. We looked at some recent thank you cards from relatives that were on display. One inscription said, 'Thank you for the care, compassion and understanding'. Another read, 'Thank you for your kindness and consideration.'

We saw people's privacy was respected and their dignity promoted. For example, we observed staff knock on people's doors before they went in, and staff would check that people's clothing was covering them when they were sitting down or when they were being transferred in a hoist. One staff member said, "For some people it's really important that they have their make up on each day." We saw that this person had their make up on. Another person loved a certain colour, and we saw their clothes, make up and nail varnish were in that colour. We saw staff helping one person to get a belt for their trousers as they kept slipping down. We heard staff compliment people and noticed when they had their haircut. People then responded positively to this.

People were encouraged to be as independent as they could be. We observed people being given the opportunity have their meals and drinks themselves and saw they were given special equipment to make this easier to do. When people found it too difficult to use cutlery, we saw they were given finger food which was easier for them to manage and enabled them to remain independent. We saw staff support people to walk using a frame and gave advice and reassurance to them while they did this.

We saw that people were encouraged to make decisions about their care and support. We observed staff offer choices to people as to where they would like to sit and what they would like to do. One person told us, "I like to sit here for my lunch, but other days I may want to sit at the table." We observed staff offer two options of a game to one person, and they then pointed to one to make their choice. We saw people were given time to make choices about things and they were not rushed by staff to make a decision. We saw that people were able to decide when they wanted to get up on the morning, and that staff would get their breakfast when they asked for it. This meant that people were given some control about what they wanted to do.

We saw visitors arrive at different times throughout the day. One person told us, "My relative comes to visit me when they can." One relative said, "I am made welcome every time I come." Another relative told us, "They always offer to make me a drink when I visit." Another visitor told us how different family members would visit most days of the week. This showed us that visitors were made welcome and there were no restrictions as to when they called.

## Is the service responsive?

### Our findings

We found that people and their relatives were encouraged to be involved with the planning and reviewing their care. One person said, "They do ask me what I want." Another told us, "I know I can speak with the staff if I need anything." One visitor said, "We both did the care planning for my relative." Another told us, "We've got a family meeting coming up soon, there is lots of communication with us." We saw that people had individual and personal care records. These included a 'one page profile' that described key information about the person. This enabled staff to have this information in a readily accessible format. One staff member told us, "The personal support plans are really good, especially if there is a new person living here, as to begin with we would know little about them." The care plans we looked at showed us that people had been involved when possible with the reviewing of their care.

We saw that people were supported to follow their interests. One person said, "I've got some felt tip pens, I do some drawing." We saw that an area of the garden had been made into a small allotment so that one person who used the service could grow their own vegetables. We were told that they would look after this most days with the support from staff. We observed staff supporting people to do puzzles and games, playing table football and going for walks in the garden with people who used the service. We saw two people who used the service singing together.

There were specific staff members who were part of the 'wellbeing team' and it was their role to support people to participate in various activities. We were told that their working hours were flexible so people could do different things across the day and evening. One relative said, "There's always something going on." One staff member told us, "The wellbeing team have really improved the activities for people."

People told us they knew how to raise any issues or make a complaint. One person said, "I can talk to the staff if I've got a problem." One relative told us, "I've had to raise issues and we had a meeting with the manager who did put things right." Another relative said, "I would say they listen to what I have to say and they do act on it, especially if I have any concerns." We saw the complaints leaflet was displayed on the notice board so this was visible to people. The provider had a complaints procedure in place and systems to manage and monitor complaints. We saw when complaints had been made the provider had taken action to resolve them and had responded to them in line with their policy.

# Is the service well-led?

## Our findings

At our previous inspection, we found the provider needed to make improvements to ensure that the systems in place to check the quality of the service were more effective. At this inspection, we found that improvements had been made. We saw the management team and provider completed quality checks which included audits of medicines. Where concerns with quality had been identified we saw actions had been put in place to improve this. For example, an outstanding action had been identified regarding the information the pharmacy required and we saw this had been completed. This demonstrated when improvements were needed the provider had taken action.

We also identified that the provider needed to make improvements to ensure action was taken to reduce the risks of incidents re-occurring. At this inspection, we found that improvements had been made. We saw the provider had recorded and reviewed any incidents and accidents that had happened and that weekly senior management team meetings took place which identified any issues or trends and described the actions that were required. For example, we saw that one person's support had been reviewed and amended which had resulted in the person being calmer. We also saw that the provider had analysed some specific incidents for one person, and as a result, there had been a reduction in slips for that person.

People and relatives spoke positively about the home. One person said, "Yes, it's a nice place." One relative told us, "It's a very loving home; there's nothing bad to say about it." Another visitor said, "I wouldn't want my relative to go anywhere else; to them this is home." Staff told us they enjoyed working there and one said, "I feel like part of the family." Another told us, "I'm really happy here in my job. I love coming to work." The majority of people we spoke with felt there was an open culture at the home and people said they would be happy to approach people to raise any issues or concerns.

People told us the home was well managed and that the management team was approachable. One relative said, "I think it's good; there's always someone to ask if needed." One staff member told us, "They sort things out and always make time for you." Another said, "They are easy to talk to and I think they are very fair." Staff told us they received regular supervisions and attended team meetings where they were encouraged to make suggestions to improve the service. One staff member said, "I suggested we had table cloths on the tables to make it more homely," and we saw that this had happened. The provider had made changes regarding the management team, and we saw that an organisational chart was on display so people would know about their different roles.

The provider understood their responsibilities of registration with us and reported significant events in accordance with registration requirements.

We saw that people were encouraged to share their experiences and give feedback to the provider about the service. Relatives told us about meetings that had taken place. One said, "They've had a cheese and wine evening for everyone. Sometimes the meetings are earlier on which is more difficult to get to, but the evening ones are better for me to attend." We saw that relatives had been sent surveys so they could give feedback to the provider. One relative had commented 'The care here for my relative is excellent'.

