

# Derby City Council

# Perth House

## Inspection report

Athlone Close  
Chaddesden  
Derby  
Derbyshire  
DE21 4BP

Tel: 01332717550

Date of inspection visit:  
14 August 2017

Date of publication:  
11 September 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Perth House is situated in the Chaddesden area of Derby and is owned by Derby City Council. Perth House is registered to provide personal care and accommodation for up to 39 older people and younger adults. The service has intermediate care beds for people who need further therapy or treatment following a hospital admission and social care beds for people who are being assessed and supported prior to returning home or to another care service. At the time of our inspection there were 18 people using the service.

This inspection took place on 14 August 2017 and was unannounced. At our previous inspection on 30 December 2016 and 6 January 2017 the provider was meeting all the regulations we checked and we rated the service as Good.

This inspection was focused following concerns received about medicines management at the service. The inspection only covered two of the key questions, safe and well-led. This report covers our findings in relation to the identified concerns. It also covers related information gathered as part of this inspection visit. You can read the report from our last comprehensive inspection visit, by selecting the 'all reports' link for Perth House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

Risk assessments were not always in place to ensure people received safe care. Not all risks to people's health and safety were identified and action put into place to reduce them.

The provider had procedures in place for the management of medicines, to ensure people were receiving their medicines as prescribed. However we found that medicines audits were not clearly documented, which did not make it easy to identify if there were any shortfalls.

People and relatives told us that there were enough staff to support them. However a couple of staff felt that staffing levels were not adequate on the early shifts as it was the busiest time of day.

People and relatives we spoke with felt people were safe at Perth House. The provider had taken steps to protect people from harm. Staff had an understanding of potential abuse and their responsibility in keeping people safe. Recruitment procedures ensured suitable staff were employed to work with people who used the service.

People told us they were happy with the care they received and felt their concerns would be listened too. Staff told us they enjoyed working for the provider and they felt supported.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People using the service told us they felt safe at Perth House. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them. However risk assessments were not always in place, where a risk had been identified. Medicines were safely administered. However the storage of medicines was not always suitable.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

The service had a registered manager, who was supported by the service manager and operational managers. The management systems were not always effective in recognising areas which required improvements. For example care records were also not always maintained accurately in relation to the support people received. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities.

**Requires Improvement** ●

# Perth House

## **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 focused on two of the key questions, safe and well led. This inspection visit was unannounced and took place on 14 August 2017 following concerns identified by the local authority regarding medicines management. The inspection team included one inspector and a member of the CQC medicines team.

At this inspection we saw that actions had been put in place to address the concerns identified by the local authority.

On this occasion we did not ask the provider to complete 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with two people who used the service and one relative. We spoke with the registered manager, service manager, operational manager, a nurse and four care staff.

We looked at three people's care records to see if their records were accurate and up to date and reflected the care they received. We looked at how medicines were managed and records relating to staff recruitment and the management of the service.

# Is the service safe?

## Our findings

During July 2017 the local authority safeguarding team received concerns which suggested that people at Perth House were not receiving their medicines safely. At this inspection visit we looked at the medicines records for four people at the service. These showed that people were getting their medicines as prescribed. Records were kept of medicines received into the service, given to people and any disposed of. If a medicine was not given then the reason why, such as the person had declined their medicines, was recorded. There were clear instructions to staff on when and where to apply any creams or other skin product. When it was necessary to make any additions to the printed medication records these were checked for accuracy by a second person.

When people arrived in the service their medicines, and information about their medicines, was checked to establish that the service had an accurate list of all of the person's current medicines, including how much to take and how often to take them. However there were some gaps in the records of medicines received into the service, making it difficult confirm that the records of medicines given were accurate.

As part of the service's enablement processes (supporting people to relearn or regain skills following a period of ill health or a hospital admission) people were encouraged and supported to look after and take their own medicines. This was done following an assessment of the risks for each person should they look after their own medicines. If people were not able to self-administer their own medicines when they moved to the service, staff looked for ways to enable them to move to doing so, such as providing the medicines in packaging that the person could manage.

We observed people being supported to take their medicines at lunchtime and people were supported by the member of staff to take their medicines in a safe way. We saw that people were offered to take medicine for pain relief when they required it. The member of staff asked people if they needed any pain medicines. We saw people were given time to take their medicines. The staff member stayed with them to ensure the medicine had been taken before recording this. This showed that people were supported to take their medicines as prescribed.

At this inspection we saw that medicines were stored securely and were not accessible to people who were unauthorised to access them. Medicines requiring cool storage were being kept in the medicines fridge at the correct temperature to ensure that they would be effective when used. Any controlled drugs held in the home were correctly stored and appropriate additional records were kept. However, where peoples medicines were being stored in lockable cabinets in their bathrooms, this is considered too warm and humid to be suitable for the storage of medicines. We discussed this with the registered manager who told us they would be taking action to address this.

People and relatives we spoke with said the service provided safe care. One person said, "Oh yes I do feel safe at Perth House. I can press the buzzer and the staff come straight away." Another person stated, "The staff are always around which makes me feel safe." A relative told us, "I do think [person's name] is safe here."

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they had concerns about a person's well-being. The staff we spoke knew the signs of abuse and said they would report any suspicions and allegations to management if they thought someone was at risk. A member of staff said, "Yes I have had safeguarding training, In the past I have reported a safeguarding incident and the management took the appropriate action." Another member of staff said, "If a person had unexplained marks on them or they appeared withdrawn I would report this to the manager in charge immediately."

People had individual risk assessments which showed potential risks and what action staff should take to reduce them, such as moving and handling. For example, a person's risk assessment identified that they had poor mobility and that they used a walking frame whilst walking. We observed the person walking in the communal area with their walking frame. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. This included using the correct equipment when moving a person such as a hoist. A member of staff said, "In order to keep people safe I use the appropriate equipment as specified on the care plan and risk assessment. When supporting a person whilst using equipment I provide reassurance to the person, talking through with them about what we are doing." Staff confirmed they had the equipment they needed to assist people. The maintenance records showed that equipment used was serviced and maintained as required to ensure it was in good working order.

Staff told us about a person who displayed difficult to manage behaviour. However there was no risk assessment in place to provide staff with consistent guidance enabling them to keep the person and others safe. We discussed this with the registered manager who told us they would take immediate action to address this. Following our inspection visit the registered manager told us that a risk assessment and behavioural plan had been put in to place.

We saw that plans were in place to respond to emergencies. People had individual personal evacuation plans in place in the event of a fire or any other incident which required the service to be evacuated. This was to help ensure people received the appropriate level of support in an emergency to keep them safe.

Staff told us if they were concerned about a person's health and wellbeing they would report these to the senior carer or the managers. A member of staff said, "If I had concerns about a person such as if they were not eating too well I would share this with the nurses on site and the senior carer." A health professional told us, "The staff are very good they do follow instructions that we have left them with. The staff approach the intermediate care team for advice if they have any concerns."

People told us the service was well-staffed. A person told us, "I do think there are enough staff. When I use the buzzer they come straight away. Also when I am in bed they [staff] do come and check on me." A relative said, "There appear to be enough staff around." During the inspection we observed there were sufficient staff available to support people. However two staff members we spoke with felt that there were not enough staff on the early shift. A member of staff said, "There are not enough staff on in the mornings, from 7.15am it's the busiest time of the day. We are getting people up and dressed as well supporting people to take their medicines. Another member of staff said, "First thing in the morning when we are getting people up there are not enough staff. People come in with higher needs and need up to two care staff."

We discussed staffing levels with the registered manager. The registered manager explained that depending on the individual needs of people they have at any one time, they are able to bring in extra staff as and when required to ensure people's needs can be met appropriately. We discussed concerns raised by some staff about staffing levels with the registered manager. The registered manager told us that the current staffing

levels were reflective of the needs of the people at Perth House. Also from 8.45am the community staff were available at Perth House to support people.

We looked at recruitment information for two staff members which showed the staff employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Proof of identification and references were also obtained. Staff told us they were unable to start work until all the required checks had been completed. This demonstrated the provider checked staff's suitability to deliver personal care before they commenced employment.

## Is the service well-led?

### Our findings

At this inspection visit we identified that the provider's management systems were not always effective in recognising areas which required improvements. During February 2017 we received concerns about poor record keeping and staff not following advice from the Speech and Language Therapist. At this inspection visit we found that care records did not always contain current and accurate information on people's needs. For example a person's moving and handling risk assessment stated that the person's bed should be at the correct height. However there was no specific information on what the correct height was for this person to ensure they could safely get on and off their bed. Another person's admissions information contained conflicting information. On one document it stated that the person had been previously agitated. The provider's documentation under behaviour stated, 'pleasant and sociable person.' However upon speaking with staff it was identified that the person had displayed difficult to manage behaviour since they moved to the service. There was no associated risk assessment in place. This meant that staff did not have all the required information to support people safely.

For a third person the pre-admissions information contained concerns regarding the person's poor fluid and food intake. The nutritional assessment made no reference to this. We found that the person's food and fluid intake charts had not been accurately completed. Staff had not recorded the actual amount of food and fluid taken by the person. For example some entries recorded 'cup of coffee and all cornflakes.' A further entry on 8 August 2017 stated, 'not eaten at tea time.' There was no information recorded on what action was taken regarding this. We also saw no charts for this person from 10 August to 13 August. The lack of maintaining accurate care records placed people at risk of inappropriate or unsafe care because their well-being could not be monitored effectively.

Daily medicines audits were being carried out to check that people were getting their medicines as prescribed. More detailed checks were made on a monthly basis. The monthly audits were not being clearly documented and it was difficult to see where issues were identified and any action taken to put things right. We also saw that the medicines audit dated 12 April 2017 stated management looked at medicines in ten peoples rooms, however the information only made reference to medicines audit in three rooms. We discussed this with the registered manager who was unable to locate the information for the additional seven rooms. In addition to this we identified that there were gaps in the records of medicines received into the service.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the provider had measures in place to monitor the quality of the service they provided. People were encouraged to express their opinions about how the service was run. When people had finished their stay at Perth House they were given a quality questionnaire to take home which gave them opportunity to comment on their stay. Responses were collated and analysed. We looked at the results of the most recent quality audit which was carried out in July 2017. People expressed satisfaction with the service and no shortfalls were identified.

The registered manager carried out infection control audits three times per week. This included bedroom checks, kitchen audits and storage cupboard checks. We looked at the infection control audit for July 2017 which showed that people's bedrooms were checked to ensure they were clean and free from hazards and clutter, as well as storage cupboards and communal areas. The audit picked up that the store cupboard was not organised, which was addressed and rearranged.

The quality monitoring team from the local authority carried out a quality review during September 2016. Overall the findings of the visit were mostly positive. Where improvements were needed these were actioned by the staff. For example the provider found that on one occasion relatives hadn't been told when their family member had a fall at Perth House. The registered manager took action to address this ensuing paperwork was amended so that staff were reminded to contact relatives if an accident or incident occurred. The quality monitoring officer also carried out a visit to Perth House during July 2017, following concerns following concerns about poor medicines management. At this inspection we saw that the management team were working through the action plan left.

The service had a registered manager in post since 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the service manager, operational managers and care staff. There was a friendly and inclusive atmosphere at the service. People and relatives we spoke with said the staff were approachable and they would speak to them if they had any concerns or wanted to share their views on the service. A person said, "I think it's a well-managed home. The staff are lovely." Another person stated, "I feel I am able to raise my concerns with the staff, but I am not aware who is in charge overall." A relative said, "Yes it's a well-led service. I can go to the office and speak to them about any concerns. But I am not sure who is in charge."

The staff we spoke with told us they were supported and listened to by the management team. Comments included, "The management do mostly listen to us and are supportive. We all work together" and "The management team are quite supportive."

The ethos of the service centred on reablement and supporting people to be as independent as possible. Staff understood the importance of caring for people in a dignified way and focused on encouraging people to do things for themselves. Throughout our visit we saw that people were able to make choices about how and where they spent their time. We observed staff knock at people's doors before entering. A person said, "You can move around freely, it's up to me how I wish to spend my time." People told us that the staff were caring and friendly. One person said, "The staff are lovely and helpful. They treat you well."

Systems were in place to ensure that the maintenance and servicing of equipment had taken place when required. We saw a sample of health and safety records which showed that the servicing of equipment and building were up to date. This included gas and lift servicing and portable appliances testing. The registered manager told us that the service had maintenance support available seven days a week. This ensured the provider had arrangements in place to monitor the safety of the premises and equipment.

At this inspection visit we identified that the provider was operating a domiciliary care service from Perth House, which they were not registered to do. We discussed this with the registered manager who agreed to take action to address this. The registered manager told us that they would be discussing this immediately with the provider and an application would be submitted to CQC.

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home. However this information was not displayed on the provider's website, which the management team were taking action to address. We will be monitoring this and determine if any further action is required by CQC.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17</p>