

Birmingham City Council

Perry Tree Centre

Inspection report

Dovedale Road
Perry Common, Kingstanding
Birmingham
West Midlands
B23 5BX

Tel: 01216755571

Website: www.birmingham.gov.uk

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Perry Tree Centre is located within a purpose-built building that supports several health and social care services. These include an enablement unit that supports people discharged from hospital and prepares them for returning to their own homes. The building also provides community services and a restaurant, utilised by the local population. This inspection relates to the residential unit that is registered with us to provide personal and residential care to 32 people living with conditions relating to dementia, physical disability and old age. At the time of the inspection 32 people were living at the service.

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

Quality assurance systems and processes enabled the management team to identify areas for improvement. However, there was some improvement required to auditing medicines.

The registered manager shared a clear vision and strong values. They led by example and were passionately committed to providing good quality individualised care and support. They demonstrated a strong commitment to continuous improvement and took great pride from the service's achievements. Everyone was very positive about the registered manager and their approach to providing holistic support to people who used the service and staff who worked at the home.

People were supported by staff that kept them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care including infection control. Staff had received adequate training to meet people's individual care needs.

People were supported by kind and caring staff. Staff were respectful, open to people of all faiths and beliefs and people's diversity was respected and embraced. Staff encouraged people's independence, protected their privacy and treated them with dignity. People were supported by staff that knew their preferences and we could see staff enjoyed their work and had built positive relationships with people. The management team were passionate about providing person centred care.

People were supported by staff that had a clear understanding of the importance of providing people with the opportunity to develop and maintain friendships and relationships. They had a person-centred approach to finding activities that were not just fun, but also helped people to develop confidence and friendships.

There was a complaints procedure in place and people and relatives told us their concerns were dealt with positively. The service was flexible and responsive, providing person-centred care that met people's individual needs and preferences. People's end of life preferences and wishes had been considered.

People and their relatives were involved in providing feedback on service provision. People, their relatives and staff were satisfied with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met. The registered manager had a good oversight of the service.

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

Rating at last inspection

The last rating for this service was good (17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Perry Tree Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The Inspection team comprised of one inspector, one assistant inspector and an Expert by Experience on the 24 July 2019 and one inspector on the 29 July. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert's area of experience was dementia.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We also reviewed feedback on Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives and visitors about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to training and staff supervision. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives we spoke with told us that they felt the home was a safe environment to live in. One person said, "Yes (feeling safe) I have no problems. I like the atmosphere (in the home)."
- The provider had reported safeguarding concerns to the local authority and ensured they were investigated appropriately.
- Staff we spoke with understood what to do to make sure people were protected from harm or abuse and the signs to look out for if someone was at risk of being abused. One staff member said, "I would talk to the senior in charge, make them aware of what I had seen or heard so they keep an eye. If it is something more serious they would inform the manager. I could also talk to a union member or go to someone above (registered manager's name)."

Assessing risk, safety monitoring and management

- Risks to people were assessed, reviewed and reflected risks associated with people's identified needs. For example, people at risk of developing sore skin had regular skin checks and equipment was in place for those at risk of falls. One person told us, "If I don't walk with that (pointing to their walking frame) they (staff) come back and fetch it for me."
- Staff told us any changes in people's needs that could increase a risk of avoidable harm, were promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met. Records we looked at confirmed appropriate referrals were being made.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Gas and other appliances were also regularly serviced. Fire safety checks were completed and people had personal emergency evacuation plans (PEEP) in the event of an emergency.

Staffing and recruitment

- Recruitment at the service was stable, with long standing care workers in post. We were told pre-employment checks for staff were followed up before they started to work at the home to ensure staff were suitable to work with people.
- People and relatives were happy with the level of staffing provided and our observations confirmed there were enough numbers of staff working at the service to support people promptly. One person told us, "I have my buzzer close by and I've only got to press it and they (staff) come straight away."

Using medicines safely

- People told us they received medication at the right times.
- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. There were protocols in place that required more information for staff to follow when giving these medicines. This was rectified on the day of the inspection.
- Competency checks were undertaken with staff as part of the training process to ensure they were administering medicines safely.

Preventing and controlling infection

- Our observations showed the home was clean and well maintained with no unpleasant smells. Staff understood what they needed to do to reduce the risk of spreading infections.
- People told us they were happy with the cleanliness of the home and the rooms we were invited into were well maintained and personalised with people's belonging.
- Staff spoken with told us they had a plentiful supply of personal protective equipment (PPE) such as gloves and aprons that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

Learning lessons when things go wrong

- Accidents and incidents had been reported to appropriate authorities and the outcome had been recorded to review for trends and how to mitigate future risk.
- Records showed the management team worked in partnership with the local authority when conducting safeguarding investigations to ensure people remained safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs' assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us they felt the staff were trained to meet people's support needs.
- Staff we spoke with told us they had enjoyed their training and found it to be beneficial to their development. Staff also told us they received support from the management team that included appraisals and supervision each month.
- There were training plans in place to ensure staff received up to date training and provided staff with additional training aimed at meeting the individual needs of people living at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with told us they enjoyed the food and if they did not like what was on the menu, they could request something else. One person told us, "We don't have a problem with food here. The food is nice, I eat it and if I don't want it I ask them to change it and give me something else and they never say no." Another person said, "We get plenty of food, we get tea, and we get breakfast, lunch and dinner. They (staff) treat us good, we are not hungry, and that's enough for me."
- People at risk of malnutrition were on food charts which were completed. People were weighed regularly and changes in weight were monitored and appropriate referrals made to agencies as required.
- On the day of inspection, it was a very hot day and we saw people were offered a choice of ice cream and ice lollies to help keep them cool. A selection of hot and cold drinks and snacks were also offered on a regular basis throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when required to promote their health and well-being.

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.

Adapting service, design, decoration to meet people's needs

- The environment was well maintained and had been specifically adapted to meet people's individual needs.
- There was a large garden and we saw people, staff and relatives enjoying their time relaxing in the sunshine.
- We saw people being able to choose to spend time alone or with others.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found several examples where MCA assessments and DoLS applications had been completed and where authorisations had expired they had been re-applied for. This meant the provider was compliant with the law.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff we spoke with gave us examples how they would seek consent from people who may not be able to verbally communicate their choice.
- People told us staff sought their consent in line with the MCA and confirmed staff would ask their permission before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives confirmed they were treated with kindness and spoke positively about the staff's caring attitude. One person told us, "They (staff) are very nice people."
- We observed staff supporting people with patience. For example, people were being helped to mobilise at a pace they were comfortable with and staff continued to encourage and reassure people who became distressed and confused.
- Staff spoke with genuine affection and kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job and the residents, that's why I come to work."

Supporting people to express their views and be involved in making decisions about their care

- We saw people were given lots of opportunities and asked to make choices about everyday life in the service such as what drink and food they wanted and where they wanted to sit.
- Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "You have to treat people as individuals and always talk to them and offer them a choice, they may not be able to tell you verbally but they can always let you know by a smile or how they look at you."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with and our observations confirmed staff encouraged people to try and do some tasks for themselves to maintain some level of independence. We saw people being prompted by staff who then stepped back and let people complete tasks on their own when they could do so. For example, encouraging people to try and stand up independently whilst providing support and guidance when necessary.
- People's dignity and privacy was respected
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service being delivered to people was person-centred. One staff member told us, "Person-centred care is about the person as an individual. How we are going to care for that person and you can't treat everyone the same. Let the person be the centre and treat them like your own family."
- We saw people were supported by staff who were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people and ensured they used their knowledge about people when providing choices.
- People and relatives, we spoke with told us they were asked if the level of support being provided met their needs and if there was anything people wanted to be done differently.
- People's spiritual and cultural needs were respected. For example, culturally appropriate food was available to meet people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had information prepared in large and easy read formats and where appropriate, pictures to help people as much as possible to communicate their individual needs and support them to make their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an emphasis on the provision of activities that were meaningful to the people living at the service. People and relatives told us they were happy with how they spent their time. For example, we were shown how music therapy had a positive outcome for one person. Their relative had written, '[Person] had not spoken in three years (after starting music therapy), [person] told me I love you. I can't tell you how that made me feel, joyful with tears. Perry Tree is at the forefront of innovative research and care for dementia patients.'
- There were opportunities for people to attend religious services should they wish.

- People had been supported to develop their life skills in the kitchen areas, that had prepared people to return to live successfully in their own home.
- One person was supported by staff to help in a local charity shop.

Improving care quality in response to complaints or concerns

- There had been few complaints made about the service and those we looked at had been dealt with appropriately and there was a process in place to monitor for trends to reduce risk of reoccurrence.

End of life care and support

- Although there was no one receiving end of life care (EOL), the service had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found there were governance systems to support the service. However, the systems to monitor the administration of medicines required some improvement. We noted at our inspection on 24 July 2019 there had been recording errors when updating the quantities of medicines in stock onto the electronic recording system. We found there was an overstock of pain relief medication. The audits had not identified one person's medication had been missed on one occasion and administered late for a second person. Neither person had not come to any harm and the registered manager took immediate action under Duty of Candour to inform the people concerned and relatives. We discussed the discrepancies at length with the registered manager and when we returned on the 29 July 2019, the issues we identified had been, or were in the process of being updated and amended.
- There had been some confusion with the positioning of protectors on one person's legs to reduce the risk of injury to their skin. It is important to have the protectors in place, as directed by professional staff, because it can reduce the risk of potential damage to the skin because the can relieve pressure. Three staff gave different accounts of when the protectors should be in place. There had been no record of the guidance given by the healthcare professional following a telephone conversation. We discussed this at the time with the staff and it was immediately rectified.
- We saw evidence that where issues were found, action was taken promptly to ensure improvements were made.
- The registered manager promoted an open culture where staff could talk about their roles and issues that might be affecting their well-being. Staff said they felt valued. One staff member told us, "If there are any problems I can talk to my colleagues or manager." Another staff member said, "I feel supported, I can talk to [managers' names]. They will find out information if needed."

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

- The registered manager had a clear vision and strong values about how the service supported people. They led by example and were committed to providing individualised care and support to people.
- Staff we spoke with, and our observations during the inspection, showed that staff were motivated and shared the enthusiasm of the registered manager.
- During our inspection we found the atmosphere to be homely and welcoming. People who used the

service told us, "It is lovely here."

- People were actively encouraged to take part in activities in the wider community. The service supported people to maintain and develop interests, which were important to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- The registered manager had notified CQC of significant events such as safeguarding concerns, as legally required.
- It is a legal requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was prominently displayed within the home, in large print and with easy to read explanations as to what each rating meant to the service and those that used it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager recognised the importance of involving people in developing the service, listening and acting on feedback. There was a system in place for gathering people's views and how the service could be improved. One person told us, "Yes, having everything running smoothly around me means [registered manager] is doing a good job. A good team."
- Staff told us they felt listened to and their suggestions for improvements were valued. One staff member told us, "Team meetings are held once a month and they are useful. The manager will always do an agenda and we can add to it. Notes are displayed in the staff room so we can review them."
- The home was a member of a web-based feedback site. People could leave comments, anonymously if they wanted, about the service and rate them for how good the service was.
- We saw that the service had recently been awarded a Certificate of Success (April 2019) by the provider in recognition of the dedication and commitment to improving the lives of the people living at the service.
- The registered manager had completed a workshop regarding support for care homes and had taken relatives. We saw feedback from relatives who had attended the workshop and how valuable the experience had been to them.

Continuous learning and improving care; Working in partnership with others

- The service had developed and was continuing to develop, local community-based partnerships which had helped to ensure quality and inclusion to enhance and promote high quality services to people. For example, the management team arranged and held community events, such as open days that provided opportunities for the local community to engage with the service.
- There was a strong focus on continuous learning. The registered manager was being supported to complete their ILM level 5 management training.
- The registered manager continued to measure and review the delivery of people's care against good practice guidance. For example, the service had worked closely with a local hospital and kept up to date with NICE guidance to ensure the support for people was reflected in up to date good practice.