Derby City Council

Perth House

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 began unannounced on 30 December 2016. We returned announced on 6 January 2017 to complete the inspection.

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 caters for people who need short-term care following a stay in hospital. The service has 16 intermediate care beds for people who need further therapy or treatment and 16 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 36 people using the service.

The service has a registered manager. This 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.

The ethos of the service centred on reablement and supporting people to be as independent as possible. Staff focused on encouraging people to do things for themselves. Records showed that people's well-being improved during their stay at Perth House and in most cases they returned to their own homes.

People told us they thought Perth House was well-staffed and there were enough staff on duty to meet people's needs in a calm and unhurried manner. Staff had time to talk with people, answer their questions, and provide them with reassurance. Staff were safely recruited to ensure they were suitable to work with the people using the service.

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. When people were admitted to the service staff identified any areas where they might be at risk and put measures in place to minimise these. For example people at risk of falls might be given walking aids and have staff supervise them when they moved about the service.

All the people we spoke with made many positive comments about the food served. Most of the food served was homemade and people had a choice of dishes at each meal. Staff had a good understanding of the varied nutritional needs of the people using the service. People were encouraged to eat with others in the dining rooms making meals a social event, although people could choose to eat in their rooms if they wished.

Staff worked closely with other health and social care professionals to ensure people's needs were met. The range of expert treatment and care available at Perth House meant people had the support they needed to

regain their health, confidence and independence. Staff met regularly with health care professionals to assess, plan and review people's care and support.

Staff told us their goal was to get people back to their previous level of function or better so they were able to return to their own homes. The service's multidisciplinary approach and joint working with other health and social care professionals made this possible as the majority if not all of people's needs could be assessed and met at Perth House.

People told us the staff were caring and kind. Due to the nature of the service, with people only there for a limited time, staff needed to be able to build positive caring relationship with people quickly. We saw that staff were able to do this using good interpersonal skills and a warm professional approach that gave people confidence.

Activities were available at the service for people who wanted them. These included bingo, quizzes, crafts, reminiscence, dominoes and reading material. A hairdresser came to the service once a week and people told us they were pleased about this.

There was a friendly and inclusive atmosphere at the service. All the 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.

The provider had arrangements in place to regularly assess and monitor the quality of the service. If people made suggestions about how the service could be better staff listened and took action to make improvements.

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 using the service mostly felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff were caring and kind. The communicated well with people and treated them with respect.

People were encouraged to make choices and involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the staff were approachable and helpful.

The provider, registered manager and staff welcomed feedback on the service and made improvements where necessary.

The provider and registered manager used audits to check on the quality of the service.

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 began unannounced on 30 December 2016. We returned announced on 6 January 2017 to complete the inspection.

The inspection team consisted of one inspector and an expert by experience for day one of our inspection, and an inspector for day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the 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.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with seven people using the service and four relatives. We also spoke with the assistant unit manager who was in charge of the service when we visited, the head of service, the integrated community team leader, an assistant relief manager, three visiting healthcare professionals, the kitchen assistant/cook, and five care workers.

We looked at four people's care records. We also looked at records relating to all aspects of the service including care, staffing, and quality assurance.

Good

Is the service safe?

Our findings

Most people we spoke with said the service provided safe care. One person told us, "Yes I feel safe, the staff are nice." A relative commented, "I have peace of mind at the moment with [my family member] being here. It's such a relief." A visiting professional told us, "I have never seen anything here that concerned me and I would be happy for one of my relatives to come to Perth House. It is a safe place for people."

One person told us they didn't feel safe at night. They said this was because they thought another person using the service had come into their room the previous night. They said this had frightened them. We reported this to the assistant unit manager who immediately began an investigation.

Following our inspection visits the assistant unit manager contacted us to say that although the incident couldn't be proven staff had taken swift action regarding one person who staff thought may have 'explored' at night and ended up in the wrong room. The assistant unit manager said they had re-risk assessed this person and arranged for a sensor mat to be placed in their room. This meant that if they did get up staff would be alerted so they could support and supervise them if necessary.

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 it to management if they thought someone was at risk. One staff member told us, "We've all been trained in safeguarding and it gets discussed in handover and staff meetings. We all know what to look out for and who to report it to."

We looked at how risks to people were managed. Records showed that when a person was admitted to the service staff completed a 'keeping safe' care plan. This was used to identify any areas where the person might be at risk and state what measures were needed to reduce these. For example, one person was admitted having been assessed as being at risk of falls. Their care plan told staff to ensure their walking frame was next to them when they were seated. It also stated they needed a chair sensor so that staff were alerted if they got up. We met this person and saw they had their walking frame nearby and a chair sensor in place. This meant that staff had taken action to minimise the risk of this person falling.

To help ensure people were safely admitted to the service staff followed the provider's admission procedure and completed an admission form. This provided an overview of the person's needs, for example those relating to tissue viability and nutrition. However there was nothing specific in the admission procedure that prompted staff to explore, highlight and record whether a person might be a risk to themselves or others. This meant that staff might not know immediately if a person needed extra support and supervision due, for example, to a history of behaviour that challenged .

In addition records showed that most people using the service had risk assessments in place for moving and handling and medicines. There were kept in the 'risk' section of their care folders. Some people were at risk in other areas, for example with regard to their nutrition or living with dementia. Although this information was captured on records such as task and handover sheets, it was not in the 'risk' section of the care records

we looked at. This could cause confusion if a member of staff or visiting professional needed to know promptly the areas where a person might be at risk.

We discussed the above two issues with the assistant unit manager who said that management would look at records pertaining to risk to see if any improvements were necessary.

During our inspection we saw numerous examples of staff taking action to minimise risk. For example, they accompanied one person who wanted to go outside to smoke, ensured another person was supported to eat their meal, and walked with people who were unsteady on their feet or needed encouragement.

People told us the service was well-staffed. One person said, "If you need help when you're in your room you press the button [on the call bell] and the staff come straight away." A relative commented, "There seems to be plenty of staff around keeping an eye on people. I don't have any concerns about a lack of staff.

We discussed staffing levels with the assistant unit manager and staff and looked at staffing records. The service had a 'baseline' number of staff which they increase as necessary depending on people's needs. For example, at the time of our inspection visits, staffing numbers had been increased so the needs of a particular person, who was unwell, could safely be met.

Records showed that at any one time the service admitted a maximum of three people who needed two staff to assist them with personal care and four who had high needs due to living with dementia. This helped to ensure there was always enough staff on duty to support people safely and to evacuate them in the event of a fire.

The assistant unit manager told us staffing levels are decided on a daily basis and dependent on the needs of the people using the service at any one time. She told us the provider had always supported and agreed with management's requested staffing levels. She said, "We have never been refused more staff. If we need them we get them." The staff we spoke with said they had no concerns about staffing levels.

The provider operated a robust recruitment procedure. This included interviewing staff and obtaining police checks and references. This helped to ensure the staff employed were safe to work with the people who used care services.

People told us they had their medicines safely and on time. One person said, "They give me my medicine four times a day and they haven't run out." A relative commented, "[My family member] is on a lot of tablets at the moment and the staff are organising this for him. He wouldn't be able to do it himself."

Records showed that when people were admitted to the service from hospital they usually brought their medicines with them. People were encouraged to manage their own medicines and staff assessed them to see if this was safe. Those who were able to do this were given a secure storage facility and staff monitored them to ensure they were taking their medicines as prescribed. If people needed more support staff administered their medicines to them.

Staff kept records to demonstrate that people had taken their medicines in the right doses and at the right times. The MARs (medicines administration records) we saw had been completed correctly and signed by staff in line with the provider's medicines administration procedure. Staff were trained in medicines administration and their competence assessed before they were able to give out medicines unsupervised.

During our inspection visit a relief assistant unit manager was in the process of auditing medicines records.

She told us this was done monthly and included checking the MARs, administration instructions, signatures, and frequency of medicines. The audit also included ensuring PRN ('as required') medicines protocols were in place and there were body maps in use for people who had been prescribed creams so it was clear where the creams should be applied. This helped to ensure that people's medicines were managed so they received them safely.

Good

Is the service effective?

Our findings

People told us they thought the staff had the skills and knowledge they needed to provide effective care. One person said, "The staff are excellent. They are helping me to get home again and making sure I can manage." A relative commented, "The staff seem to know what they're doing. I've seen them helping [my family member] and other people and it has given me confidence in them."

A visiting health care professional told us, "The care staff are brilliant. They are trained not to take people's independence away and they don't do this. Instead they use encouragement to help people get back on their feet again." We saw evidence of this in practice during our inspection visits as staff supported people to carry out their daily activities as independently as possible.

Training records showed staff had a comprehensive induction based on the Care Certificate (a nationally recognised qualification for care workers) and designed to give them the skills they needed to carry out their roles and responsibilities effectively. This was followed by ongoing and refresher training with regular competence checks to ensure staff could put what they had learnt into practice.

During our inspection visits we observed staff working in a skilled and competent manner. We saw two staff assisting a person to move from an armchair to a wheelchair. This was done safely with staff continually reassuring the person as they supported them. Another member of staff ensured a person was correctly seated and comfortable when they came to the dining area for lunch. These were examples of staff using their skills and knowledge to provide effective care and support to people.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We looked at people's records and spoke with staff to see how people's consent to care and treatment was sought in line with legislation and guidance. We found that staff carried out mental capacity assessments as necessary with regard to people making certain choices and decisions. Relatives' views were sought, where appropriate, and if the decision was complex and/or high-risk staff involved external health and social care professionals to ensure a comprehensive approach.

At the time of our inspection some people wore discreet wristbands which set off an alarm to alert staff if they left the building unsupervised. This was because they might not be safe alone in the wider community. This was a restriction on people's liberty that had been made lawfully and in conjunction with the DoLS

team. It showed that managers and staff at the service understood their responsibilities under the MCA and DoLS and only imposed restrictions on people when it was in their best interests.

All the people we spoke with made many positive comments about the food served. One person said, "The food is excellent and there is always a choice." A relative said, "I've seen what [my family member] has and it looks and smells lovely. I'm very impressed and [my family member] is eating like a horse."

A visiting professional told us they had that a number of people and relatives had told them how good the food was. They said, "People mention the food as one of the high points of staying at Perth House."

On our second inspection visit we saw lunch being served. People had a choice of fish in homemade batter, steamed fish, or fried eggs with chips and mushy peas. Pudding was apple crumble and custard, ice cream, tinned fruit, or yogurt. Dishes were available in a number of consistencies including fork-mashable and pureed. This showed that people had a choice of dishes served in a way that was suitable for their needs.

Records showed that people had a nutritional assessment when they began using the service. Staff used this to write an eating and drinking care plan which was used to inform care and kitchen staff how to meet people's dietary needs. One person's eating and drinking plan stated, '[Person using the service] can be offered small amounts of a soft diet eg porridge, soup. Small spoonfuls only. Customer must be supervised at all times when assisting with fluids and food and must be positioned in upright position.' Staff were aware of these instructions and were using them to ensure the person was being supported to eat and drink enough.

We met with the kitchen assistant/cook who was in charge of the kitchen during our inspection visits. They demonstrated a good understanding of the varied nutritional needs of the people using the service including those living with dementia. For example, they said they used brightly coloured plates, adapted cutlery, and on occasions finger foods to make it easier for people to eat their meals independently. They also told us, "Presentation is important – the food needs to look nice to encourage people to eat it."

Records showed staff worked closely with dieticians and the SALT (speech and language therapy) team to help ensure the food served was nutritious and served in a way that was safe for people to eat, for example if they had swallowing difficulties. People were encouraged to eat with others in the dining rooms making meals a social event, although people could choose to eat in their rooms if they wished.

Staff at Perth House worked closely with other health and social care professionals to ensure people's needs were met. Records showed that people using the service's intermediate care beds saw a GP within 48 hours of being admitted to the service so their healthcare needs could be assessed. During their stay their care and support was overseen by a range clinical practitioners including physiotherapists, occupational therapists, and nurses.

People using the service's social care beds had access to a GP and other healthcare professionals as needed. The range of expert treatment and care at Perth House meant that people had the support they needed to regain their health, confidence and independence. Staff took a multidisciplinary approach and met regularly with health care professionals to assess, plan and review people's care and support.

We looked at the records to see how people's healthcare needs were met. We saw that people using the service's intermediate care beds had a high level of involvement from healthcare professionals throughout their stay. People using the service's social care beds had healthcare involvement only when they needed it. For example, we saw from one person's records that their health had suddenly and unexpectedly

deteriorated while they were at Perth House. In response staff immediately called in a GP who then involved a district nurse to ensure the person was receiving the healthcare they needed. This was an example of staff ensuring a person received effective healthcare while at the service.

During the inspection a visiting professional said they thought the service should have a defibulator (a potentially lifesaving device used to treat a person in cardiac arrest). We passed this suggestion on to the assistant unit manager. Following the inspection visits she contacted us to say the provider had already agreed to purchase one and training was being planned so staff would know how to use it when it arrived.

Good

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "It's a friendly place. Everyone says 'Hello' as they walk by." A relative told us their family member seemed happy at the service. They explained, "He's not getting stressed - I thought he might do but he hasn't." A visiting professional said they had always found the staff to have a caring approach to the people they supported.

Due to the nature of the service, with people only there for a limited time, staff needed to be able to build positive caring relationship with people quickly. We saw that staff were able to do this using good interpersonal skills and a warm professional approach that gave people confidence. One person told us, "I've only been here a couple of days but I've already got to know some of the staff. They are lovely and I feel I am in good hands."

We observed staff interacting with people in a positive and respectful manner. They prompted people to move about and do things for themselves while remaining patient and supportive. Some people told us staff had helped them regain their confidence since arriving at the service. One person said, "I was in bed at the hospital before I came here and had become very weak. I didn't think I would be able to go home again but the staff have given me hope. I feel more optimistic now about the future."

Relatives told us they thought the staff were 'excellent'. One relative said, "They are always around and always busy but they do seem to find time for [my family member] and they're very good with him." Another relative commented, "It's relaxed and friendly here. Staff always make me welcome. I can visit whenever I like although I do avoid mealtimes so people can eat in peace."

During our inspection one person became distressed. We saw a staff member comforting this person, listening to their story, and providing them with reassurance and kindness. The person responded well to this and later spoke with us. They said, "I felt really down but I feel better now. The staff are really kind and they are going to help me sort myself out."

As some people came to the service straight from hospital they did not always have a selection of clothes with them, for example staff told us people had been known to arrive in hospital gowns. To address this staff had organised a clothing bank made up of donated clothes. This meant that people had appropriate clothing to wear during their stay and were able to maintain their dignity.

Records showed that care plans were developed in collaboration with people and/or their representatives. People signed consent to show their agreement with various aspects of the service including photography (for identity purposes), weighing, and night checks. For example, one person had signed to say, 'I would prefer that night staff check that I am alright every hour throughout the night.' This showed that people were involved in making decisions about their care, treatment and support.

During our inspection visits we observed that staff always asked people for their consent before proving them with assistance. One person told us, "They [the staff] always me before they do anything. They ask to

come in my room and ask me if I want them to help me get dressed. They are very polite."

Staff completed a course called 'Putting Dignity at the Heart of Social Care' to help ensure they understood how to respect and promote people's privacy and dignity. Since we last inspected this service had been presented with a Bronze Award for Dignity in Care from the local authority in recognition of the dignified support they provided to people.

Good

Is the service responsive?

Our findings

People told us the staff were responsive to their needs and helped them to achieve their aims. One person said, "I've been learning to walk. When I arrived staff followed me with the wheelchair just in case I needed to sit down. Now I just go with the staff. I do it every hour and I feel more confident about walking now." Another person commented, "They've got me making my own tea and taking myself to the dinner table. I couldn't do that when I first came here."

Records showed that people's needs were identified and assessed by a range of health and social care professionals including care staff, occupational therapists, nurses, and speech and language therapists. Personalised care plans were then created so it was clear what people's needs were and how staff could best meet them. Care plans were updated regularly, sometimes on a daily basis, to reflect any changes to their needs. Staff told us that any changes were also communicated verbally to them at handover meetings which took place at the start of each shift.

We looked at care plans to see if staff had the information they needed to provide people with responsive care. We saw staff were given clear instructions on how to support people with their personal and healthcare needs in areas including mobility, nutrition, skin care, and any problems with memory or mental health that had been identified. In order to do this staff worked closely with health and social care professionals who provided ongoing expert healthcare.

Some people needed intensive support and monitoring due to their level of need. For example, one person's care plan showed their skin integrity was at risk. Staff were instructed to turn them regularly, apply cream to pressure areas, and assist them to wash and dress. Records and charts showed staff had completed these tasks at the expected times thus providing the person with appropriate care and treatment.

Staff told us their goal was to get people back to their previous level of function or better so they were able to return to their own homes. The service's multidisciplinary approach and joint working with other health and social care professionals made this possible as the majority if not all of people's needs could be assessed and met at Perth House. This meant that during their stay people received the responsive care and support they needed to prepare them for going home.

Activities were available at the service for people who wanted them. These included bingo, quizzes, crafts, reminiscence, dominoes and reading material. A hairdresser came to the service once a week and people told us they were pleased about this. One person said, "It was a relief to be able to get my hair done when I came here. I think it's really good they have a hairdresser." A visiting healthcare professional told us they had observed staff playing games and singing with people which they thought was positive as it encouraged people to engage with each other and be more active.

People told us they would tell the staff if they had any complaints about the service. One person said, "There's always staff around so I would tell them. They're all very friendly and helpful." A relative said, "We were given some information about complaining but I'd just tell the staff, unless it was about the staff – then

I tell whoever was in charge."

The service's complaints procedure was in the statement of purpose, in an information pack given to people using the service and relatives, and on display at the service. This meant that people had easy access to it. The assistant unit manager told us the complaints procedure was in the process of being re-written and improved to ensure is was clear and up-to-date.

The service had received one formal complaint in the 12 months prior to our inspection. Records showed the complaint was logged and action taken to resolve it and, where it was necessary, apologise for an aspect of the service had fallen below accepted standards. This was an example of a complaint being taken seriously with staff listening and learning from a person's experience and concerns.

Good

Is the service well-led?

Our findings

All the people we spoke with made many positive comments about Perth House. One person told us, "I think it's lovely here. It's nice and clean and the staff are great and helping me to get better." A relative said, "It seems very well-organised. I gather it's a sort of 'staging post' for people on their way home from hospital. [My family member] is making great progress here."

There was a friendly and inclusive atmosphere at the service. All the 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.

The ethos of the service centred on reablement and supporting people to be as independent as possible. We observed this in practice throughout out inspection visits. Staff focused on encouraging people to do things for themselves. Records showed that people's well-being improved during their stay at Perth House and in most cases they returned to their own homes.

When people had finished their stay at Perth House they were given a quality questionnaire to take home which gave them to 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 October 2016. This showed a high level of satisfaction with the service. People made many positive comments about it including: "Treated marvellously – would love to come again"; "Like a hotel"; "Happy place"; and, "All staff have been excellent."

Some people made suggestions for improvements. For example, although most people were satisfied with the welcome they received when they arrived at the service, one person said they did not get a formal introduction to anyone and were taken straight to their room. Records showed that to address management now allocated a member of staff to oversee every admission. Their role was to 'meet and greet' the person and offer them a hot drink. This was an example of staff at the service listening to a person's experiences and taking action to improve the service in response.

The staff we spoke with told us they were supported and listened to by the management team. One staff member told us, "We have plenty of opportunities during supervision or at staff meetings to say what we think about Perth House and management do take account of what we say." Another staff member said, "If I have a concern about anything at all there's always someone senior to discuss it with."

The provider's representatives, managers and staff at Perth House attended regular meetings and learning forums to keep up to date with developments at the service, share ideas, and learn about the latest thinking in areas such as medicines management and falls reduction. Regular meetings were also held with health managers and staff to facilitate effective joint working. These meeting helped to ensure the various agencies were working well together to provide people with good quality health and social care.

There were arrangements in place to regularly assess and monitor the quality of the service. The provider's

representatives and the registered manager and staff at Perth House carried out a comprehensive programme of audits incorporating all aspects of the service. For example, the care records of people receiving intermediate care were audited on a monthly basis to ensure their needs had been clearly identified and met in a timely and appropriate manner. This, along with observations of staff delivering care, meant that the provider and registered manager had an overview of the care and supported provided at the service.

The provider carried out their most recent full annual audit of the service on 1 September 2016. The results 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 service was also the subject of external audits. For example, the independent consumer champion Healthwatch visited the service on 29 February 2016. This was part of their Enter and View programme carried out to see how services are being run and make recommendations where there are areas for improvement. Healthwatch concluded that the majority of people using the service were happy with it, felt respected as individuals, and were involved in decisions about their care and support.