Care UK Community Partnerships Ltd

Perry Manor

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

Overall summary

The inspection took place on 14 December 2015 and was unannounced. Perry Manor offers accommodation for up to 82 people but at the time of the inspection there were 69 people living at the home.

There was a manager in post at the time of our inspection who had started the process with the Care Quality Commission to become registered. 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.

People were kept safe from potential abuse and harm by staff who understood how to identify the various types of abuse and knew who to report any concerns to. Staff were trained and supported to meet the needs of people who lived at the home. We heard some examples where

Summary of findings

people's health and physical needs had improved due to effective staff practices. Checks had been completed on new staff to make sure they were suitable to work at the home.

Staff were aware of any risks to people and were available when people needed assistance, so that risks to people's safety were reduced.

People's medicines were managed safely. We saw medicines were stored correctly in locked trolleys and there was a clear process for recording and daily checks were in place so that all medicines could be accounted for.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their rights. Staff asked people for their permission before care was provided and gave people choices about their support. Where people had not got mental capacity the provider had engaged relatives and best interest meetings to represent people's wishes.

People enjoyed the food they received and were supported to eat and drink enough to keep them healthy. Individual preferences of food were catered for. When people had access to a range of healthcare professionals to make sure their nutritional needs were met and they remained healthy and well.

Staff had caring relationships with people and knew each person's individual preferences and needs well. People felt staff treated them with kindness and they felt involved in their care. Staff respected people's privacy and personal space. People who received some of their care in their rooms were checked regularly by staff. We saw staff asked people's permission before they entered their rooms to support people. When people requested help they were not kept waiting for unreasonable amounts of time.

People knew how to make a complaint or raise a concern, and felt happy to discuss it with the manager. The manager had arranged meetings with residents and their relatives to gain their opinions of the services provided and how best to develop these services.

Quality assurance systems were in place to monitor the quality of the service delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe

Risks to people's safety were considered and supported to keep them safe. People were supported by staff who knew how to protect people from abuse. People's medicines were managed safely.

Good

Is the service effective?
The service was effective

Staff received training and regular support from the management team in order to meet people's health and nutritional needs. People were asked for their consent and supported to make decisions when required.

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People and their families were involved in their care and were asked about their preferences and choices.

Good

Is the service responsive?
The service was responsive.

People received personalised care which was responsive to their changing needs. People were supported to take part in fun and interesting activities of their choice. People knew how to raise any complaints the provider had and arrangements were in place for resolving these.

Good

Is the service well-led?
The service is well-led.

People and staff were complimentary about the manager and felt listened to.

Quality assurance checks were in place to ensure people were kept safe.

Good

Perry 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 took place on 14 December 2015 and was unannounced.

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

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We also looked at information the provider had returned to us. Before the inspection, the provider completed 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.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. 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 spoke with eight people who lived at the home during our inspection. We spoke with six relatives with people living at the home, at the time of our inspection. We spoke with the manager, two units managers, one registered nurse, four care assistants, one activities coordinator, one chef, one domestic, one painter and the visiting operations support manager and regional director. We also spoke to two social workers and a visiting health professional who were visiting the home on the day of inspection. We spoke with Worcestershire County Council's Quality and Contract Team and Healthwatch to find out their views of the quality of the care. Both of these services monitor the quality and the experience of people using social care services.

We looked at six care records about people's care and medicine administration records. We also looked at records and minutes of meetings with staff and people who lived at the home, and surveys completed by people. We looked at quality assurance audits which were completed by the manager.

Good

Is the service safe?

Our findings

When we asked people living in the home how safe did they feel living at the home one person replied "oh yes very much so."

A relative told us "[Person's name] is certainly safe, the care is absolutely amazing."

We looked at how staff managed risks so that people were safe with risks to their wellbeing reduced. We saw staff appropriately used different aids and equipment to manage and reduce risks for people's health and safety. Although one member of staff did report some difficulty in manoeuvring the hoist over carpet door strips between rooms. This was brought to the attention of the manager and regional manager who told us they would try to resolve the problem.

We spoke to the registered nurses about how they prevented people developing pressure ulcers and how they reviewed a person who had entered the home with an existing pressure ulcer. They told us and we saw records of how the wounds were monitored, treated and dressed successfully to prevent the person's skin deteriorating further and to aid recovery.

People living at the home told us they thought the home environment was kept very clean one person said "like a hotel". We noted all areas of the home were odourless. The home had daily cleaning schedules in place, people's rooms, bathrooms and toilets were very clean so protecting people from the risk of infections. We saw that staff wore protective aprons and gloves when dealing with people's personal care and serving food to maintain good infection control practices.

We spoke with staff about how they make sure that people they cared for were safe. They were able to tell us how they would respond, report allegations or incidents of abuse to internal and external agencies. One staff member told us if they had concerns they would immediately report it to their manager and felt confident they would take action and report to CQC. The manager understood their responsibilities to share information with the local authority and CQC if they thought any residents were at risk of harm. We saw from our records that the provider had reported incident notifications to CQC.

Staff told us the required employment checks were made before they started work at the home. When we checked the records we found that staff had two references, employment histories and Disclosure and Barring services checks (DBS). Registered Nurses had also been checked with their professional body to show they were able to practice as a nurse. These checks ensured staff were suitable to work in the home.

We asked people if they thought there were enough staff on duty to meet their individual needs. Some people told us they thought there was, whilst on other parts of the home people felt in the early mornings they had to wait for assistance for a short time. One person said "Staff come quickly when I press my buzzer." Another person told us "Staff are wonderful but sometimes it is difficult for them to get to us." When we discussed this with the manager they told us they were in the process of recruiting new staff so the problem should be resolved soon. The manager told us staffing levels were determined on the level of people's individual needs. On the day of the inspection we saw that call bells were answered promptly. Throughout the day we saw that staff were visible in the communal areas and able to attend to people's individual needs such as personal care and position changing without unreasonable delays.

People told us they were supported with their medicines. We saw good practice of medication administration and recording. The medicine trolley was clean and orderly. Each person's medicine records stated all the relevant information to them, including any allergies and their preferences of how they liked to take their medicines. Records showed us that there was a protocol in place for people to have "as required medicines". These were recorded when staff had administered them and the reason why, so they could be monitored. Staff told us this was important because some people were not able to communicate their needs, so this provided guidance to staff as whether people needed to receive their medicine.

We saw daily medication counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines and action could take place promptly to reduce risks to people's health and welfare.

Good

Is the service effective?

Our findings

Perry Manor is a purpose-built service and the environment supports people with restricted mobility, vision and dementia. The home had been decorated to assist people with dementia for example handrails were dark in colour, contrasting with the paler walls and at the point where the handrail stops, there were three raised brass buttons to alert people with impaired vision. Corridors are wide and floor coverings are plain which aids people living with dementia.

The lifts and doors to the stairwell are all protected by key codes and a notice in the lift which

People were complimentary about the staff when we spoke to them and did not have any concerns about the ability of staff meeting their needs. One person told us 'They're very helpful; I haven't wanted for anything since I came here."

Staff told us about the induction they received when they started their employment at the home. They described how they had two weeks shadowing experienced staff and completed a variety of training courses before being allowed to work alone. Staff felt this had prepared them for their new role and helped them to be effective in their job. One staff member told us "The unit manager is always there to help if I'm not sure about anything, so I feel supported."

We asked staff how they were supported by the provider. They confirmed they had received staff supervisions where they were encouraged to reflect and identify future learning needs to enhance the quality of the service. For example a unit manager told us they were being supported by the provider to become a dementia specialist and had enrolled on a specialist course at the local university. They had used their new knowledge already on the unit by decorating the dining room to look like a carriage on a steam train, to stimulate memories for the people living with dementia.

When we spoke with staff we found they were knowledgeable about their role and people's individual needs. They could describe people's individual health requirements for example diabetes care. They told us about how they were trying to help a person with diabetes to maintain their weight in order to improve their health and wellbeing. We saw examples of how the provider had managed to provide good outcomes of care for people when they were admitted to the home with pressure ulcers and how they had now healed.

We saw staff communicated with people well, speaking, smiling and maintaining eye contact with them and reassuring them when required. For example we saw staff sit at the dining room table socialising with people asking about how their day was going and what they would like to do in the afternoon. The activities coordinator then gave each person a number of options, they might like to do and encouraged them to join in.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to make their own decisions about their care and support needs but where it was thought people did not have the mental capacity the manager and staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager demonstrated they had followed these guidelines by showing us the documentation that had been authorised by the local authority, where it was deemed necessary to restrict people's movements for their own safety and wellbeing. For example one person was not able to leave the home unsupervised because of their lack of safety awareness put them at risk of harm a DoL had been applied for and authorised.

People we spoke with were happy with their meals and told us they were given choices on the menu. One person told us "I had a lovely breakfast, I can have what I want.' Another person told us 'I've enjoyed everything I've had, though I don't feel hungry too much these days". A relative commented "[Person's name] eats exceptionally well. There's plenty of it and its good food." We spoke to the staff

Good

Is the service effective?

and chef about how they identified people's nutritional and drinking needs. The chef told us they liaised with the nurses and support staff to identify each person's individual dietary requirements and they were accommodated. They showed us if a person needed a pureed food it would be prepared by serving each individual vegetable separately pureed rather than altogether so not to lose the taste. Therefore, encouraging the person to enjoy their meal. People living at the home had been instrumental in voting the chef winning the "chef of the year" out of all the provider's homes. When one person decided they didn't want the main meals on offer, they requested a cup of tea and a jam sandwich; we saw staff responded immediately and made it for them.

When serving meals staff wore aprons and gloves to maintain good food hygiene. People were offered a choice of two meals to see which they preferred. However we noted that for some people this process took too long for them and in between courses two people fell asleep. We discussed this with the manager on the day of the inspection and they agreed they would look into a quicker way of serving people's meals.

We saw people were encouraged to maintain sufficient fluid intake and this was recorded and monitored by staff. On admission to the home people were monitored for a period of three days to see if they had any concerns, if this was the case then monitoring continued, so that the risk of people becoming dehydrated was reduced.

People told us and we saw from their records they had been able to access healthcare professionals. We saw people had accessed doctors, dentists and opticians. Staff told us if they thought there was any change with a person's condition they would report it to the registered nurses or the unit managers. For example we spoke to one person who had returned from a visit to the dentist following tooth ache, they felt better that their needs had been met.

Good

Is the service caring?

Our findings

People told us staff were kind and they liked them. One person said "They're very kind" another person told us "It's very nice really; they're very helpful". A relative told us "It's bright and cheerful and the staff are bright and cheerful. It's welcoming from the minute you walk in." Relatives we spoke with confirmed they were welcomed into the home and could visit anytime.

One relative told us their relation was taken into hospital (from the service) following a life threatening illness and returned on a soft diet and on end of life care. But that the staff had nursed them back to good physical health. "The care has been amazing; [person's name] is now back on solid food and is pretty well."

On the ground floor the provider had made a coffee shop area for people and their relatives to meet and they could help themselves to coffee and cakes in a light, and talk in a relaxing environment.

We saw people and staff having positive communications, staff tried to make the environment as homely as possible for people.

Staff were aware of people's preferences and took time to listen to people. They could recall people's personal needs, preferences and personal circumstances. Staff knew people's family member's names and welcomed them when they visited. They respected people's privacy when people chose to see their relatives in their own room.

One relative commented "[Person's name] always wore a shirt and tie – that's his identity; and he always has a shirt and tie here."

We saw staff promoted people's privacy and dignity, For example we saw a member of staff put on an apron and gloves, knock the person's door and waited for permission before entering their room. We heard when the person needed personal care, the staff member asked the person which member of staff they would prefer to help them, as it required two staff to assist them.

We saw staff knew the people they cared for well and made sure they were comfortable. For example one resident, on arrival in the dining room complained of being cold and a fleecy blanket was brought to them by a staff member and wrapped around their shoulders. Another person was worried because they couldn't find her handbag and a staff member went straight away to find it and return it to them.

Meals were served in the dining room or if people preferred their own rooms. The dining room was set up like a restaurant to enhance people's social experience. Staff told us the manager often chose to sit with people who lived the home, to share their experiences and have the opportunity to speak to them.

Good

Is the service responsive?

Our findings

People told us staff met their needs and provided their care the way they liked it. People felt that staff knew their preferences and these were respected. A person told us "I do what I want to do."

A member of staff told us "I ask whether they'd like a bath or a shower, we give them choices. This is home from home; they choose what they want do".

Staff we spoke with were able to describe people's preferences and had a good understanding of the individual needs of each person. Before moving into the home each person's needs were assessed and their support needs identified. Where people were not able to express their own opinions the staff had involved family members and social care professionals to represent them.

We saw when people didn't have mental capacity the provider had engaged with their relatives for information about their past and how they thought they would prefer to be supported to form their care plans. Where required best interest meetings were held .A relative told us "The care plan is reviewed on an on going basis. [Person's name] has a simple DNR in place. If anything changes, they talk to me and make sure I am happy with it. They phone me if they need to tell me anything." A DNR is an authorised, legal, medical decision not to attempt to resuscitate a person.

Staff showed us how they responded to people's needs, we saw one person had become confused and lost their way to the toilet. We saw a staff member quickly reassured them and took them by the arm to the nearest toilet.

A relative told us "One day, I said that [person's name] didn't seem too well; there was a nurse there in seconds."

People who lived at the home were encouraged to do fun and interesting things. For example There was a full programme of activities and two activities co-ordinators. On the day of the inspection, there was a morning visit by a school choir singing carols, and afternoon film and an evening singer .We saw one of the activities co-ordinators encouraging people during lunch to attend the film. One person we spoke with had their daily paper delivered. They told us 'I always used to read the paper every day and I still do.' A member of staff engaged the resident in news stories within the paper.

The provider had supplied a number of dementia friendly activities, but on the day of the inspection we didn't see people use them. We spoke with the activities co-ordinator and they described how they tried to meet people's individual preferences, by asking people each day what they would like to do, or plan an activity in the future. They told us that dance sessions were available and very popular. If people hadn't chosen to join any activities for some time they would take time to speak to the person to see if there was any reason or could an alternative activity be facilitated for them.

One person told us "Oh, there are things to do if you want to"

A staff member told us "There is lots' going on at the moment because it's Christmas but I'd love to take them out sometimes."

On the Elgar Suite, there were several reminiscence prompts around and items to engage residents such as handbag racks, hat racks, vintage games and dementia-friendly artwork. There is a pleasant garden at the rear of the home for people to enjoy.

Surveys were sent out annually to people to measure their people's opinion on the quality of the service. The provider was in the process of sending these out to people and told us that all answers would be noted and any actions and improvements made. As the manager was new in post they had met with relatives and people residing at the home to seek their opinions and introduce themselves.

People and their relatives told us they knew how to make a complaint should they wish to. Although the people we spoke with told us they hadn't had cause to. However one relative did tell us about the complaint they had made under the previous management but the provider could not find any record of it. We brought this to the attention of the regional director who said they would look into it. The manager did show us the process of investigating concerns and complaints, and we saw they were investigated and responded to appropriately in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

The current manager had been in post for three weeks at the time of inspection and had started the process with CQC to become the registered manager. On the day of the inspection the regional director and operations support manager were also at the service. This was to provide support as this was the first inspection to the service since it opened in June 2014.There was a leadership structure that staff told us they understood.

People and staff told us they liked the new manager and felt they would make improvements in the home. The staff told us how they were due to meet with the manager that week to look at roles and responsibilities for the development of the service. People told us the manager visited all parts of the home daily to speak with people and often had lunch or breakfast with them to find out their views and monitor the service. People told us they felt comfortable to approach and raise any concerns with the manager.

Staff told us about the arrangements they had within the staff team for sharing information and assigning caring duties. This included sharing handover information between each shift to discuss people's needs and make sure staff understood their care duties for the day. Staff were aware of their responsibilities and we saw they worked as a team. For example at lunchtime we saw staff working together to ensure that they knew where everyone wanted to have their meals either in their rooms or in the dining room. They allocated staff to help people who needed assistance with eating their meals.

Relatives told us there were regular meetings (but neither had attended) and they had filled in 'satisfaction surveys' but since they were generally happy. They were not able to give examples of how their feedback had affected the service

We looked at the provider's arrangements to assess the quality of the service people received, to see how regular checks and audits had led to improvements in the home. We saw systems were in place to monitor medicines, falls, accidents and incidents; these were reviewed by the manager and the provider's quality assurance checks. All information was held electronically and sent to the provider's head office for monitoring. Further service audits were conducted by the operations support manager visiting at least quarterly and notifying the manager by a written report.

We were shown an example of how the provider had taken action, when one person slipped on the flooring in their room, it was replaced within days to prevent further occurrences.

Staff spoken with had an understanding of their role in reporting poor practice for example where abuse was suspected or regarding staff members conduct. They knew about the whistle blowing process and how to report poor practices and incidents so that people were not left at risk.

Staff told us they enjoyed their jobs and felt valued by the management. One staff member told us "Although the manager is new, I understand what they want to do with the service, I'm looking forward to working with them." Another member of staff told us that the service was it's "All about giving people choices and making it 'home from home. This is their home. I'm just here to take care of them."