

Fearnhead Residential Limited

Pembroke Residential Home

Inspection report

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Tel: 01287677106

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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

About the service:

Pembroke Residential Home is a care home providing personal and nursing care to eight people at the time of the inspection. The service can support up to 12 older people, some of whom may be living with dementia.

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

People received safe, person-centred care from a staff team who knew their needs well. Risk assessments detailed preventative measures in place, so staff could manage them. Medicines were managed, stored and disposed of appropriately. Staff felt supported through regular supervisions, meetings and training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were offered choice and their decisions were respected. People were supported to access appointments in relation to their health and well-being. People's nutrition and hydration needs were monitored when issues were identified. People enjoyed plenty of choice during mealtimes and were offered regular refreshments throughout the day.

Staff were kind and caring towards people, whilst respecting their privacy and dignity. Staff described how they promoted people to be as independent as they could be. Care plans included relevant information about people's likes, dislikes and preferences. These were reviewed regularly or when people's needs changed. Staff engaged people in activities and events, some people accessed facilities outside the service independently.

The staff were friendly and welcoming. The registered manager encouraged an open and honest culture within the service. The registered manager was proactive throughout the inspection and committed to continually improving the service. The registered manager had engaged people, their relatives and staff through meetings, satisfaction surveys and informal chats to gain their feedback about the service. Quality assurance processes were in place which identified where improvements could be made and any actions taken.

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 (published 11 August 2017).

Why we inspected:

This was a scheduled inspection based on the service's 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pembroke Residential Home

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. This inspection was planned to check 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 was conducted by one inspector.

Service and service type

Pembroke Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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 looked at information we held about the service, including notifications about events that had happened at the service. We contacted relevant agencies for feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior carer, a domestic assistant and the cook. We looked at records related to people's care and the management of the service. We viewed two people's care records, medication records, three staff recruitment and induction files, training and supervision information and records used to monitor the quality and safety of the service.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and detailed measures staff should take to manage these appropriately.
- People told us they felt safe living at the service. Comments included, "Yes, it's very safe here" and, "Oh the staff look after us all. I do feel safe."
- Safety checks were routinely completed. These included checks of the environment, fire safety and equipment.
- Staff completed accident and incident records. These were reviewed by the registered manager and any learning shared with staff to improve knowledge. We identified that some would benefit from more detail. The registered manager took steps to address this during the inspection.

Staffing and recruitment

- Recruitment procedures were robust. This ensured staff were suitable to work in a care environment.
- Staffing levels met the needs of people living at the service. One person told us, "Staff are always available when I need them." Staff told us that they worked well as a team to cover absences and holidays.

Using medicines safely

- Medicines were managed, disposed of and stored safely. We identified some minor recording issues which the registered manager addressed during the inspection.
- People's creams and topical medicines were recorded and body maps in place to guide staff on where they should be applied.
- Staff received medicines training and competency checks to support people with the administration of their medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse or avoidable harm. One member of staff advised, "I would report to the senior or registered manager. I can also report to safeguarding and CQC if needed."
- The provider had policies and procedures in place to safeguard people living at the service.

Preventing and controlling infection

- Domestic staff completed daily cleaning schedules and rotated deep cleaning of individual rooms. The home was clean and free from malodours.
- Staff were observed to be wearing personal protective equipment when needed. For example, gloves and aprons when serving meals to people.

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.

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

- People received support to maintain a healthy and nutritious diet. We observed people helping themselves to fresh fruit available in communal areas.
- Care plans detailed people's nutritional needs and where staff may need to support them.
- The cook was knowledgeable about people's needs and how to modify people's diets to ensure optimum nutrition levels.
- People had plenty of food options to choose from and could request alternatives not on the menu. Comments about the food included, "The food is smashing here" and, "There's plenty of choice, I enjoy the food."

Staff support: induction, training, skills and experience

- Staff were skilled and competent in their role through regular supervisions, training, meetings and annual appraisals.
- Staff were knowledgeable about how to support people in line with their preferences and best practice guidelines.
- New staff completed an induction into the service. This included a period of shadowing more experienced staff until they felt confident to work alone.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Staff supported people to access health care appointments, including reviews of their medicines and annual health checks when needed.
- People's health and well-being needs were documented in their care plans.
- Oral healthcare assessments had been completed to ensure oral hygiene was considered and planned for.

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

- The accommodation was suitable for people's needs.
- The provider had appropriate signage to help people orientate themselves around the building.
- The registered manager told us they were making adjustments to ensure the environment accommodated those people living with dementia. This included changing patterned carpets to plain throughout the building which was a work in progress.

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

- Systems were in place to ensure people's needs, and preferences were discussed with them. These were recorded in care plans for staff to be aware of how people would like to be supported.
- The registered manager kept up to date with best practice and current legislation. They shared information with the staff team, so they had awareness of any changes.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had completed assessments of people's capacity to make specific decisions.
- The registered manager had made applications for DoLS and these were recorded to ensure reviews took place prior to their expiry dates.

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; equality and diversity

- Staff were compassionate and caring towards people.
- People received consistent support from staff attentive to their needs.
- The provider considered people's religious needs. Equality and diversity policies were in place to ensure people and staff received equal opportunities.

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

- Staff involved people in decisions about their care.
- Meetings were held to seek people's views and involve them in decisions to improve the service. Topics included; introduction of new activities, food choices and changes to singers that visit the service.
- The provider supported people to consider whether they may need an independent advocate to assist them to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they protected people's dignity and promoted independence. One member of staff advised, "I keep the curtains closed when delivering personal care." Care plans detailed the level of support people may need.
- People felt they were supported by caring staff that respected their privacy and dignity. One person said, "Staff are lovely, they look after me well and protect my dignity."
- People were relaxed and happy in the company of staff. We observed people laughing and joking with staff and between themselves.

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

- Care plans were person-centred. These were regularly reviewed and updated with any changes. People were empowered to have choices about how they would like to be supported.
- Staff recorded information about the care and support delivered in daily notes. These demonstrated people received support in line with their care plans.
- The registered manager advised they were in the process of updating some care plans. This included more detailed information about people's specific health conditions and how best to support them.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access information in different formats if needed, such as large print.
- Care plans considered any specific communication needs. Records showed whether people required glasses or hearing aids to support them.

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

- People were supported to take part in activities and access outdoor spaces to relax. The most recent resident's meeting records showed people enjoyed playing bingo and that exercise classes and new singers were being organised to visit the service.
- The registered manager told us they had recently replaced the seating in the garden as people liked to enjoy the outside areas when the weather was nice.
- Staff encouraged people to maintain relationships with their family and friends. Some people accessed the community independently and regularly raised funds to donate to causes important to them.

End of life care and support

- People's end of life wishes had been explored and recorded to ensure these were respected.
- Staff understood how to meet people's end of life care needs. They had awareness of additional support people and their families may require, such as emotional support.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was displayed for people to view. The registered manager advised no complaints had been made since our last inspection.
- People felt comfortable raising concerns with staff. Some low-level concerns had been noted on satisfaction surveys. When questioned, the registered manager explained how they had addressed these. We advised actions taken were recorded in future to capture this.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and responsibilities. They had submitted relevant notifications to external agencies to inform them of incidents that happened at the service.
- Quality assurance systems including audits identified areas requiring improvement. Action plans detailed when work had been carried out or other actions taken to improve the service.
- The registered manager had an open and honest approach. Where we identified areas for improvement they took measures to address these during inspection.

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

- Staff described a person-centred and supportive culture within the service. One member of staff told us, "[Name of registered manager] is very supportive and is always available if we need to speak with them."
- Staff worked well as a team and felt valued for their contribution to the service.
- Care plans demonstrated the service achieved good outcomes for people. People were supported to live their lives as they chose to, with staff that supported them to make daily decisions for themselves when this was possible.

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

- Meetings were held to enable people to make suggestions to improve the service. Suggestions were made by staff and people's views sought to decide new things to introduce within the service.
- Staff had opportunity to provide feedback during staff meetings informal chats and supervisions.

Working in partnership with others; 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

- People were supported to access community facilities if they chose to do so.
- The registered manager and staff worked in partnership with the local authority and external health professionals.
- The registered manager was aware of their responsibilities in relation to duty of candour.