Papillon Care Limited

Pembroke Lodge

Inspection report

2 Pembroke Avenue
Newcastle Upon Tyne
Tyne And Wear
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Tel: 01912245803

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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

Pembroke Lodge is 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. Pembroke Lodge accommodates up to 15 people with physical and mental health needs, in one purpose built building. Nursing care is not provided at the home. At the time of our inspection there were 13 people using the service, including three people on respite.

This unannounced comprehensive inspection took place on 5 and 6 July 2018. This meant that neither the provider nor the staff knew we would be visiting the home on the first day of our visit.

This was the first time we inspected the service, which was registered with CQC in May 2017.

A registered manager was in place. 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 we spoke with were relaxed in the home, and at ease with staff. People told us they felt safe at Pembroke Lodge. Staff had all undertaken training in spotting any signs of safeguarding concerns, and were able to describe to us the provider's process that they would follow if any arose. Prompt referrals had been made to the local authority safeguarding team when necessary.

Risks were well managed. Accidents and incidents were monitored by the registered manager for any trends, and to ensure staff had taken appropriate action. People received their medicines as prescribed. The home was clean and the risk of infection was kept to a minimum.

There were enough staff to meet people's needs. Staff were had time to sit and talk with people as well as carrying out their tasks. Robust recruitment procedures had been followed and evidence was available to show prospective staff employment references had been sought and Disclosure and Barring Service (DBS) checks undertaken to highlight any known reasons why staff should not work with vulnerable people.

Staff received appropriate training so they had the skills and knowledge to meet the needs of the people they supported. Training was monitored to ensure it stayed up to date. Staff met regularly with their supervisors to discuss their role and personal development.

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 spoke positively about the food on offer. People had access to their own kitchen where they could

make meals, drinks and snacks.

People were supported to access health professionals and to have their healthcare needs met. People told us that staff monitored their health and wellbeing and made appointments with healthcare professionals whenever needed.

Staff were warm, friendly and knew people and their needs well. People enjoyed friendly relationships with staff and we observed them sharing lots of laughs and jokes. People told us staff were caring and treated them with dignity and respect.

People's care records evidenced that the service sought to promote people's independence, and we observed that people were supported to do as much as they could or themselves. Staff we spoke with talked knowledgably about how they supported people, and these conversations reflected the information we had read in people's care records.

Care was person-centred. Assessments had been used to determine what support people required. People and relatives had been included in planning people's care. Records included photographs and information about what was important to the person being supported.

People's needs and their plans of care were evaluated on a regular basis. However, we saw limited evidence that people were involved in this process. We have set a recommendation about this.

There was a program of activities on offer in the home. People were included in planning events, activities and trips out of the home. People's feedback was sought and acted on. There were regular residents' meetings and the results of the annual satisfaction survey had been very positive. People were provided with information about how to make a complaint, but none had been received in the year prior to our visit.

People and staff told us the home was well run. All of the feedback we received about the registered manager was positive.

The provider and registered manager gathered information about the quality of the service and sought to make improvements. Surveys had been sent to people, relatives, staff and visiting professionals. Most responses had been positive and changes had been implemented where responses indicated that improvements could be made.

A range of audits were carried out to assess and monitor the quality of the service. The quality monitoring system included regular checks by both the registered manager and the provider. It was evident that areas for improvement had been highlighted and improvement actions taken.

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 told us they felt safe living at the home. Staff had received training in identifying and responding to safeguarding concerns. Relevant information had been shared with the local authority.

Risks were well managed and accidents and incidents were monitored.

There were enough staff to meet people's needs and appropriate recruitment procedures had been followed.

People received their medicines as prescribed, administered by trained staff. Systems were in place to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training and this training was up to date.

People were encouraged and supported to make their own decisions. Where this was not possible, the Mental Capacity Act 2005 had been followed.

People told us the food provided was of a good quality. People were given a choice of meals and snacks were readily available. People had access to their own kitchen.

People's needs had been assessed and care plans clearly detailed how staff should meet those needs.

People were supported to access health professionals when needed.

Is the service caring?

Good

The service was caring.

People and staff knew each other well and shared laughs and

jokes. People told us staff were friendly and caring.

People were supported to develop and maintain their independence and work towards personalised goals.

Staff respected people's privacy and treated people with dignity.

Is the service responsive?

Good

The service was responsive.

Care was person-centred. It had been planned with people and reflected their choices and goals.

Staff had a good understanding of people's needs.

Group and individual activities were planned around people's interests.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People and staff told us the service was well managed and that the registered manager was approachable.

A range of audits were carried out by the registered manager and provider to assess and monitor the quality of the service.

The views of people, relatives, staff and visiting professionals had been sought to drive improvements.

Pembroke Lodge

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 checked 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 unannounced comprehensive inspection took place on 5 and 6 July 2018. This meant that neither the provider nor the staff knew we would be visiting the home on the first day of our visit. This inspection was carried out by one inspector.

Prior to our inspection we reviewed the information we held about the service including statutory notifications. Statutory notifications are submitted to the Commission by registered persons in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. We used this information to inform the planning of this inspection.

We contacted the local Healthwatch service, and spoke with the local authority commissioning and safeguarding teams to gather views of professionals who come into regular contact with the service. Healthwatch are an independent organisation who listen to people's views about local service to help them to improve.

Not everyone who used the service was able to communicate verbally with us. 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 five people who used the service and chatted with them about their views on the service. After the inspection we spoke with one relative over the telephone.

We spoke with the provider's regional manager, the registered manager, and three care workers. We reviewed a range of documents and records including; three people's care records in detail, four records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management

records.

Good

Is the service safe?

Our findings

People and relatives told us Pembroke Lodge was a safe place to live. One person said, "This is the best place I can live. The staff look after us. All of us." Another person said, "I feel very safe."

Staff had a good understanding of safeguarding adults. They were aware of their responsibilities if they had any concerns about people's welfare or wellbeing. All of the staff we spoke with described appropriate steps which they would follow if they had any concerns about how people were being treated. The registered manager had made prompt referrals to the local authority safeguarding team where necessary. People told us staff knew them well and checked in with how they were feeling. One person said, "If I'm ever down or not feeling well they will pick up on it pretty fast and say '[name] what's wrong?"

Risks to people's personal safety were assessed. Measures were in place to reduce identified risks, including those related to activities people took part in both inside and outside of the home. Accidents and incidents were well monitored to identify any potential trends. Records showed appropriate action had been taken in response to accidents. The registered manager had reviewed all accident and incident records to determine any opportunities to learn from previous incidents and, whenever possible, to take action to reduce the risk of accidents reoccurring.

Regular checks were carried out to assure the safety of the premises and the equipment within it. Certificates were in place from specialists to show equipment such as lifts, hoists and boilers had been serviced and were working properly. Staff regularly checked fire alarms and emergency lighting were in working order. Personalised plans detailed the support each individual needed in the event of an evacuation. Fire drills had been carried out regularly, however, the length of time it took to evacuate the home had not always been recorded. This meant we could not check these evacuations had been completed within a satisfactory time. We discussed this with the registered manager who told us they would introduce new documentation so staff were prompted to record this information.

People's behavioural needs were well supported. Some people who used the service at times displayed anxiety and distress due to their needs. Staff were aware of the triggers which may induce these types of behaviours and care plans detailed the way staff should respond to effectively deescalate situations. Where people were prescribed 'as required' medicines for anxiety or agitation there was clear information detailing when it should be administered to enable staff to provide consistent care.

There were enough staff to meet people's needs. People and staff told us staffing levels within the home was appropriate. During our inspection we saw staff spent lots of their time with people who used the service, sitting and talking with them or facilitating activities. Staff confirmed that they had enough time to carry out their set tasks, and spend quality time with the people they supported.

Safe recruitment procedures had been followed. Pre-employment checks, such as references and Disclosure and Barring Service (DBS) checks were in place before staff started working at the home. A DBS check supports safe recruitment decisions by providing information to employers about an applicant's criminal

record and whether they have been barred from working with vulnerable adults and children. Staff motivation to work in care had been explored during their interview. Records contained evidence of proof of identity and right to work in the UK.

Medicines were well managed. Medicines were administered by staff who had received training and undertook regular competency assessments. Processes were in place so that people received their medicines when they needed them. Medicines were ordered in advance, and medicines records showed they had been given at the prescribed times. Medicines were stored securely, including controlled drugs. Controlled drugs are types of drugs which are liable to misuse and therefore have strict rules about storage and administration. We checked a sample of controlled drugs and saw the number available tallied with controlled drug records.

Processes were in place to minimise the risk of infection. The home was clean and tidy. Staff wore appropriate disposable protective clothing when delivering aspects of people's personal care. Infection control audits were carried out regularly which included monitoring the kitchen and laundry facilities. Where issues had been highlighted remedial action had been taken.

Good

Is the service effective?

Our findings

People and the relative we spoke with told us they thought staff were skilled and knowledgeable. One person described the positive impact staff support had on their physical health. They said, "I think here is brilliant. When I first came I couldn't even stand, they've helped me with my confidence, I can stand now with a bar. I used to say 'I'm not standing. I can't, I can't', staff have helped me with the confidence to know that I can. I was petrified that I was going to fall." A relative told us, "Staff have got their heads screwed on. They know what they are doing."

Staff had received a training programme designed to provide them with skills and understanding to care for people. This included a mixture of both face-to-face and online training in modules such as health and safety, moving and handling, safeguarding and providing care in a person-centred way. Training was monitored so staff skills stayed up-to-date and we saw high levels of completion across the modules the provider considered mandatory.

Some staff had undertaken training in some of the specialised needs that people who used the service displayed, such as mental health and behaviours which may challenge, however this training was not deemed mandatory by the provider. We discussed this with the registered manager and shortly after the inspection told us training in mental health had been booked for all staff.

Induction training for new staff included reading policies, shadowing experienced staff and completing the training package. The induction had been designed to incorporate the Care Certificate. The Care Certificate is a set of minimum standards for care workers.

Staff had opportunities to develop their skills and reflect on the care they provided. Staff told us the registered manager had encouraged them to undertake a diploma in health and social care. Staff within the service had either completed this diploma or were in the process of working towards is. Staff regularly met with their supervisor in supervision sessions. Staff told us these meetings were helpful and records showed they were a two-way conversation. The supervisor had shared updates and their views on how the staff member was doing, and the staff member had opportunities to discuss the service and the care they provided to people. Staff attended an annual appraisal which was linked to their performance and development needs.

Care was planned and delivered to meet people's physical, mental and emotional needs. A number of evidence based assessment tools were used to determine the level of support people needed from staff. Where needs were identified care plans were in place which provided staff with information about how to effectively provide consistent care. Care plans were specific and easy to follow.

Records were detailed and provided a full picture of the care people received. Where food and fluid intake charts were in place, these recorded the amounts people had consumed. The notes kept, which described people's day were varied and clear. Body-maps were completed when people had any injuries to show the action staff had taken and monitor progress.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Pembroke Lodge was following the principles of the MCA. Some people had been assessed as unable to make certain decisions. For example, whether they wanted to have bed rails in place on their beds. In these cases assessments showed these individuals were not considered to have the capacity to understand the benefits and risk associated with the use of bed rails, and therefore the best interests process was followed. People's families and healthcare professionals had been involved in best interest decisions. Care records clearly communicated to staff that when people had been assessed as lacking capacity for specific decisions that they should still be encouraged and supported to make day-to-day choices such as what they wanted to eat, wear how they wanted to spend their time.

Where people had DoLS in place they regularly left the home with staff to take part in activities or to pop to the shops. Where DoLS were not in place we saw people were free to come and go from the home as they liked. One person said, "I can go out whenever I want." Another person said, "I go to the shops on my own, I'm doing really well."

Most people told us the standard of food within the service was good. One person said, "The food is always very good. You get two choices every day." One person told us they did not enjoy the food and we shared this feedback with the registered manager. Food was plentiful, and people were regularly offered snacks. During our inspection we saw people enjoying an ice cream mid-afternoon. One person said, "You get enough to eat, if you say you're hungry they'll get you something. I have a fridge in my room they will take me over to the shop, I like to have ice lollies in there."

The cook was aware of people's dietary needs, and prepared home cooked meals and snacks in advance for one person with a specialised diet. This meant care staff had these items available at times when the cook was not at work.

People had access to their own kitchen to prepare meals and snacks. Some people enjoyed making food for others in the home. One person said, "I cook quite a lot, stews, curries, quiches and tarts. They go down really well."

The home was well decorated, and felt very homely. In addition to people's bedrooms there were a number of communal spaces, such as the lounge, dining room and conservatory where they could choose to spend their time. Staff told us a recent renovation had improved the home significantly, and had a positive impact on how people felt about the home.

People were supported to access a full range of health care services, such as GPs, dentists, podiatrists and district nurses. Information from external professionals was incorporated into plans of care. One person said, "Staff are really good taking you out to appointments and stuff. They spotted when my feet had swollen up like a pudding. They noticed it straight away and we made an appointment to be seen."

Good

Is the service caring?

Our findings

People we spoke with were consistently positive in the way they described the staff team and registered manager. One person told us, "I think they are great." Another person said, "Staff are really good. You can tell them anything and they will listen." A relative said, "I cannot fault the staff. They have been nothing but kind and caring."

People told us the staff team knew them very well, and that staff were thoughtful. One person said, "When [my relative] got married the staff got me all ready. They had helped me to pick my outfit, and on the day they helped me with my hair and makeup. They were excited for me."

Throughout the inspection we observed a very relaxed atmosphere in the home. People and staff got on well with each other and shared laughs, jokes and made plans for the day. During our inspection one staff member had come into work on their day off for a meeting. After the meeting they sat in the lounge with people, and talked with them. People obviously enjoyed the staff member's company and became animated when the staff member reminded them of the activities they had planned for the next day. The staff member displayed an in-depth knowledge of people's lives and history; talking with one person about the job they used to do, and naming other people's relatives when they enquired how they were doing. It was clear that staff and people enjoyed the other's company.

People were supported to maintain relationships with their loved ones. Relatives and friends were welcome to visit the home whenever they wished. Telephone and internet services were made available to people to assist them to stay in contact with people who were important to them. On the second day of our inspection people and staff hosted a barbeque which relatives had been invited to. One person who used to use the service, but had moved to their own home, was also invited to the barbeque and the registered manager told us they were encouraged to join in with all of the social events held at the home.

People were supported to be independent and work towards goals. Where people required support from staff, for example to assist with eating, this was kept to a minimum. We saw staff sat with one person and talked them through their meal, helping them to cut food up, but encouraging the person to feed themselves to maintain their independence. One person was lacking in confidence in when they left the home. Staff had worked with them on small goals, such as waiting outside of a shop whilst the person went in, to increase their confidence. At the time of our visit the person regularly left the home by themselves.

Some people who used the service were working towards moving into their own home. Staff were working with them on activities of daily living, such as preparing meals and cleaning, to support them with the skills they would need when they lived on their own.

People's equality, diversity and human rights were respected. The registered manager told us the service supported people to celebrate their cultures. One member of staff followed the Muslim faith, and the home had planned a social event around Eid to mark the occasion with them. One person who used the service dressed in clothes typically associated with the opposite gender. Staff team aware of how they liked to

present themselves, and supported them with this. Staff had helped the person to access a support group.

People were encouraged to be involved in the running of the home. People were invited to regular meetings to obtain their feedback and to keep them updated about changes within the service. If people chose not to attend staff would seek their views to feed into the meeting.

People's privacy was respected and they were treated with dignity. Care records prompted staff to be mindful of people's privacy and dignity when they provided personal care. Staff knocked on doors and waited for a response before they went into people's rooms. Where able to, people had their own keys to their rooms. Records were stored securely.

At the time of our visit no one was using an independent advocacy service. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. People had been given information about how an advocate could help them, and how they access the service.

Good

Is the service responsive?

Our findings

People told us the service met their needs and was responsive to them as an individual. One person said, "It's canny here. I can't think of anything they need to do to make the place better. They have it spot on."

People told us they had been involved in planning their care. Care records included information about what made people them. They included their preferences and views, the lives they had lived and the choices they had made before they had come to Pembroke Lodge. Records detailed how people wanted their care to be delivered and the people, places and things which were important to them. Staff we spoke with told us they had read the care plans of each person who used the service, and during our discussions evidenced that they knew people's needs well.

People's plans of care were evaluated on a monthly basis, to determine what was working and whether any changes needed to be implemented. Records of these evaluations showed staff had reflected upon the previous month, however we saw limited evidence that people had been involved in these regular evaluations. The recording template for evaluations had not been designed to be inclusive of people's communication needs. We discussed this with the registered manager who told us staff spoke with people throughout the month about their care, and that people were assigned a key worker who would work with them to ensure they were involved in their care. We recommend that the provider researches best practice in recording tools to facilitate and evidence people being partners in their care and contributing to evaluations.

Information was communicated in ways that were meaningful for people who used the service. The provider complied with the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Information about people's communication needs were included within care records. Staff understood how they needed to communicate to people so they were understood. For some people they gave information in short simple phrases and asked people to confirm they understood, for others they spoke slowly and repeated themselves where needed. Where people could not always express themselves verbally, records described to staff how they communicated their needs, including how staff could identify if the person was in any pain. Information about the home was in an easy read format. Easy read uses simple language and pictures to aid people's understanding. The registered manager told us information could be provided in large print, braille and other languages where needed.

Compassionate care was provided to people at the end of their lives. There was no one using the service, at the time of our inspection, who was receiving end of life care, but everyone had been asked about how they would like to be supported when this time came. People had been asked where they would like to be cared for and in some cases staff had supported people to make plans for their funerals. The registered manager told us the service would work closely with the district and specialist nursing teams to enable people to stay in the home whenever possible if that was their wish.

People were supported to take part in a range of activities, tailored to their hobbies and interests. People's feedback about the activities held in the home were varied. Some people told us there was not enough going on to interest them. One person said, "We are bored." Another person said, "There is nothing to do." We fed this back to the registered manager who told us that there were always activities on offer, but that sometimes people did not take part in them, even though they had been included when planning the activities schedule. Photographs displayed in the home from recent months showed people enjoying the monthly events which were organised by the activities staff team. People told us that each month was themed, and activities throughout the month were linked with the theme. The theme during the month we visited was America. On the first day of our inspection people took part in an American themed quiz, and on the second day a barbeque and water fight was held to celebrate the Fourth of July. Previous themes had included a Caribbean month and Easter.

Regular events were held in the home, such as the weekly takeaway night on a Friday, a popcorn and cinema evening on a Saturday, pamper afternoons with facemasks and nail polish, and making a communal event of televised football matches. There were a range of board games and crafting materials for people to use whenever they wished. The home had recently bought a polytunnel for the garden to grow fruit and vegetables. The activities staff member said, "We are really looking forward to using it. It's for everyone, but we know two people in particular love gardening. We had a greenhouse but it got smashed, so we know they will be out there regularly now we've got the tunnel." Entertainers such as singers and theatre groups visited the home regularly to perform.

People attended events outside the home, including cinema and lunch clubs. People had recently gone on a river cruise and visited some exhibitions as part of a North East festival.

Voluntary roles and employment placements had been sought which matched people's interests and skills. One person who was a good cook, volunteered in a local farm café. Another person worked on the land at the same farm, as they were a keen gardener.

Complaints information had been given to people in a format which met their needs. There had been no complaints received in the 12 months prior to our inspection. People were made aware how they could make a complaint during resident meetings. A poster about complaints was displayed within the entrance hall. All of the people we spoke with told us they were very satisfied with the service, and had never raised a complaint.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was present during our inspection and helped us with our requests related to the inspection. The manager had formally registered with the Care Quality Commission in May 2017.

People and staff spoke very positively about the registered manager. We saw the registered manager knew people very well and that people were relaxed in their company. One person said, "[Registered manager] is canny too. I like her." We asked people if there were any ways in which the service could be ran better, no one gave us any examples of where the service could improve. One person said, "They do everything better already, they are good people."

Staff told us the service was well run, and that they felt the registered manager was very supportive. One staff member said, "[Registered manager] is lovely. The rest of the staff are as well. It's a good environment to work in." Another staff member said, "[Registered manager] is doing a good job. We can get in touch with her whenever we need to, and she will always know what to do."

All of the staff we spoke with described the culture of the home as being a family environment. One staff member said, "Personally I think this is a very good home. Of all the care jobs I have had, this one is most like a family home. Because we haven't got loads of residents there is time to get to know all of them. It really is their home." We saw this atmosphere in place during our inspection, in that people were very relaxed and that their relationships with staff and other people in the home were strong.

The provider sought the views of people, relatives, visiting professionals and staff. Results from surveys had been very positive, with 100% satisfaction reported for questions such as 'do you find the manager approachable' and 'are staff friendly and helpful'. The results of the surveys had been discussed within meetings with people, as well as any changes which had been implemented as a result of the feedback. For example, some people had said they struggled to read the menu, so the registered manager had introduced menu cards, which included images, to the table.

A range of audits were carried out to assess and monitor the quality of the service provided. Care records were reviewed regularly to ensure they were up to date, detailed and an accurate description of the care people received. Medicines were checked monthly to monitor if stocks remaining tallied with medicines records. Other audits included checking the kitchen, maintenance and health and safety. Where areas for improvement were highlighted, these had been addressed.

The provider's regional manager visited the service regularly and completed a monthly report which monitored the appearance of the home, standard of paperwork, health and safety and key information such as the number of accidents which had occurred, any safeguarding incidents or complaints made. The registered manager received comprehensive feedback regarding the provider visits, and it was evident within records that improvement actions had been carried out after provider visits.

The registered manager told us the home worked hard to maintain links with the local community. A newsletter was regularly sent out to people and relatives with news about the home and the planned entertainment schedule. Invitations to organised home events were extended to people in the local community and people using other adult social care services. The home had links with local businesses and a nearby church.