

Hill Care 3 Limited

Pelton Grange Care Home

Inspection report

Front Street
Pelton
Chester Le Street
County Durham
DH2 1DD

Tel: 01913701477

Date of inspection visit:
03 July 2019
04 July 2019

Date of publication:
25 July 2019

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

Pelton Grange care home is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 47 people.

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

People received safe care. Safeguarding policies and procedures were in place to help protect people from harm and abuse. Medicines were managed safely. There were enough staff to meet people's needs promptly. Staff followed infection control guidelines.

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. Staff sought people's consent before providing care and support. Staff training in key areas was up to date. People were supported to have enough to eat and drink.

People and relatives said staff were caring and kind. Staff provided comfort and reassurance if people became anxious or upset. People were treated with kindness and compassion. Staff respected people's privacy and dignity and they were supported to be as independent as possible. Staff had built positive and caring relationships with people and their families.

Staff knew people's needs well. People received personalised care that was responsive to their needs and preferences. People and relatives knew how to make a complaint. There was a good programme of activities in place.

There were effective systems in place to monitor the quality of the care provided. Quality checks had improved and were now effective in generating improvements. People's feedback was sought regularly and acted upon. People, relatives and staff told us the service was well managed. Community links were promoted and it was clear how much people valued this.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelton Grange on our website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We carried out a focused inspection on 18 February 2019 to see if improvements had been made and whether regulations were met. We found the provider had followed their plan and legal requirements were now met. While improvements had been made, we could not improve the overall rating from requires improvement because to do so requires consistent good practice over time. At

this inspection we found significant improvements had been made and sustained and legal requirements were met.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pelton Grange Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. One inspector and an Expert by Experience visited on the first day and two inspectors visited on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Pelton Grange 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the provider's representative (regional manager), registered manager, deputy manager, senior care workers, care workers, the chef and housekeeping staff. We spoke with one health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two files in relation to staff recruitment and seven files in relation to staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At the last inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made and the provider was no longer in breach of regulation 12.

Using medicines safely

- People's medicines were managed safely, although the recording of one person's prescribed thickener could be improved. One person with swallowing difficulties was prescribed thickeners to be added to drinks so they could drink safely. There was not a consistent system for recording when this was administered, although staff we spoke with knew how much the person needed so the risk was reduced. The registered manager addressed this immediately.
- There were some gaps in records for people's prescribed creams. This had already been identified by the manager's checks and staff had been reminded of the need to keep accurate records. Other medicine records we checked had been completed accurately.
- Medicines administration records showed people received their medicines regularly. This was confirmed by the people we spoke with. One person said, "I always get my medicines on time."
- Staff were trained in handling medicines and a process was in place to make sure each staff member's competency was assessed frequently.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the service was safe. One person commented, "I feel safe because I'm so well looked after. I can't fault it here." A relative told us, "I'm always happy leaving [family member] here as I know they're safe and well looked after. The staff love [family member] and always make a fuss of them. Staff are caring and so friendly. Nothing's a bother here whatsoever."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Significant improvements in pressure care were noted. Pressure relieving mattresses were set at the right setting for people's weight and more detailed pressure care support plans were in place. Staff had worked

closely with community nurses to achieve this.

- People's care plans included risk assessments about individual care needs such as eating, drinking and walking. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Risk assessments relating to the environment and other hazards, such as fire and food safety, were carried out and reviewed regularly.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- Regular planned and preventative maintenance checks were up to date, such as water temperatures and electrical and gas safety.

Staffing and recruitment

- There were enough staff to meet people's needs quickly and keep them safe.
- A thorough recruitment and selection process was in place which included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

Preventing and controlling infection

- The home was clean and tidy but there was a slightly unpleasant smell on the first floor. The provider had tried to address this by replacing some flooring and furniture and buying a new carpet cleaner, but this had proved ineffective. When we discussed this with the provider's representative they said the carpet in communal areas on the first floor would be replaced.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned.
- Staff had completed infection control and prevention training. Staff had access to protective personal equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings and reflective practice took place with staff to analyse any incidents.
- Risk assessments and care plans were reviewed after accidents and incidents and updated when needed.

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 requires improvement. At this inspection this key question has now improved to good.

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

At the last inspection there was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made and the provider was no longer in breach of regulation 18.

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.

Staff support: induction, training, skills and experience

- Significant improvements had been made to bring staff training and supervisions up to date. Staff had completed up to date training in key areas. Staff were competent, knowledgeable and skilled and they carried out their roles effectively.
- Staff told us they had completed a lot of training since the last inspection and they felt supported by the registered manager.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.

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

- People were supported to have enough to eat and drink and to eat where they chose. People were supported to eat outside, where this was their choice, on sunny days. Meals were nutritious, appetising and well presented. People told us they enjoyed their meals, and if there was anything in particular they wanted they only had to ask. There were enough staff to support people to eat safely. The meal time experience was pleasant and relaxed.
- People told us the food was good and alternative options were always available. One relative told us, "What they have done here is marvellous. [Family member] has put on weight and is a different person."
- Menus were available in picture format to support people's communication needs.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently

because of problems with swallowing, for example, this was catered for. Kitchen and care staff we spoke with had a good understanding of people's nutritional needs.

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

- The premises provided people with choices about where they spent their time. Improvements had been made to the décor of the home. The foyer area on the ground floor had been redecorated and looked inviting and up to date. An environmental action plan was continually in progress to keep up to date with areas that needed redecorating.
- People's feedback about the garden was acted upon. Additional seating and new plants had been bought which made the garden a pleasant place to spend time in. The garden was now popular with people and relatives.
- There were visual and tactile items to engage people living with dementia and support their orientation. The deputy manager told us of their plans to expand on this by creating a sensory area.

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

- People were supported to maintain their healthcare needs. People were registered with a local GP and had regular input from a range of health professionals for their physical and mental health needs.
- Where people required support from healthcare professionals staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- A health care professional said, "This is one of the nicest homes I go to. Staff know people well. Staff are approachable and helpful and are responsive when people's needs change. They always seem to know who to refer to, whether that be the GP, community matron or community nurse."

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 good.

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

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

- People and relatives told us staff were compassionate and kind. One person told us, "All the staff are kind and nice and will do anything for you." Another person said, "The staff are amazing." One relative said, "Initially [family member] came here for a few weeks to see how it went. I've been so pleased with everything they're going to stay permanently. The staff are very caring and respectful."
- Staff had positive relationships with people and their relatives. People's relationships with their family and friends were encouraged. One relative told us, "I'm always made to feel welcome. I know I can visit at any time."
- Staff used appropriate touch and reassuring words to reduce people's anxiety when they became upset or disorientated.
- People were supported to practise their faith where this was important to them.
- Staff were trained in equality and diversity and had a good understanding of how to promote people's rights.

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

- People were involved in day to day decisions and in regular reviews of their care, where they were able. People told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids to aid their communication.
- Where necessary, staff supported people to access the assistance of an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Personal care was delivered to people in their bedrooms or bathrooms with the doors closed. One person told us, "Staff always knock first and make sure the curtains are closed."
- Staff ensured people dressed according to their wishes and preferences.
- People's confidentiality was respected and people's care records were kept securely.
- People's independence was encouraged without compromising their safety. One person said, "They know

what I can and can't manage." People's care plans explained which aspects of personal care people could manage independently and which aspects they needed staff support with.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Capacity assessments were carried out and DoLS applications had been made appropriately.
- Decisions made in people's best interests were appropriate and involved relevant professionals and family members.
- Staff received training in the MCA, and throughout the inspection we saw them obtaining people's consent before delivering care and support.

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 requires improvement. At this inspection this key question has now improved to good.

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; 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 by staff who had a good understanding of their care and support needs.
- Care plans contained detailed information about people's likes, dislikes, routines, personal history and religious needs.
- People's needs were reviewed on a regular basis and when their needs changed. Staff handover meetings provided staff with information about people's changing needs and how to meet them.
- People had access to a range of activities to reduce social isolation. There were numerous photographs of people enjoying activities displayed around the service.
- The service had recently got some hens as part of the HenPower project which aims to tackle social isolation and improve wellbeing for people living in care homes. The hens were a focal point and were cared for by the activities co-ordinator and one of the people who used the service.
- The service supported LGBT Pride month in June 2019 by arranging for a female impersonator to provide entertainment. People and staff said it was a really fun event.

Meeting people's communication needs

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

- The service actively promoted that information about the service was available in alternative formats.
- Care plans contained information about people's communication needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager.
- No one we spoke with had any concerns or complaints.
- Records showed complaints had been dealt with appropriately and promptly.

End of life care and support

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs

and preferences.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made and the provider was no longer in breach of regulation 17.

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

- At the last inspection the provider's audit and governance processes had failed to identify all of the shortfalls we found. Where issues had been identified these had not been acted on in a timely way. During this inspection we found significant improvements had been made in this area.
- Regular and effective audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- The registered manager was aware of their responsibilities about the Duty of Candour.

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

- People, relatives and staff all spoke highly of the registered manager. One relative said, "[Registered manager] is brilliant. He's efficient and checks on the staff. Things seem to have improved since he became the manager."
- A staff member said, "I love working here as it's like one big family. [Registered manager] is very supportive. It's like a breath of fresh air working here." Another staff member said, "Everything is about the residents here and making things personal to them. It's so positive. [Registered manager] always reminds us this is people's home."
- The registered manager was enthusiastic and had introduced many ideas to promote the well-being of people who used the service and staff.
- There was a positive culture where staff and management took pride in the care and support that they provided. Staff members said morale had improved and the registered manager was approachable.
- The registered manager and management team worked well to ensure the effective daily running of the service.

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

- The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey responses.
- Feedback was acted upon and displayed on a 'you said - we did' notice board. One person told us, "Yes they listen and act upon what you've said."
- People received a range of information and were kept informed about events in the service.
- Staff meetings were held regularly. Staff said these provided opportunities for staff to feedback their views and suggestions, although they felt able to do this at any time.
- Regular resident/relative meetings were held to inform people and gather their views.
- The service was committed to protecting people's rights with regard to equality and diversity.

Continuous learning and improving care

- When an incident occurred this was investigated thoroughly and lessons learnt where appropriate.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others

- There were good community links and people told us how much they enjoyed going to events at the nearby community centre.
- The service worked closely with external health and social care professionals to achieve positive outcomes for people.