

Fearnhead Residential Limited

Pembroke Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected Pembroke Residential Home on 23 March 2015. This was unannounced which meant that the staff and provider did not know that we would be visiting.

This is a first inspection of a newly registered service. Pembroke Residential Home is an established service which had been registered previously under a different provider. Pembroke Residential Home provides care and accommodation for a maximum number of 12 older

people and / or older people with dementia. The service is a converted house situated in Saltburn-by-the-Sea on the sea front. Accommodation is provided over two floors.

The service had a registered manager. 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.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. However some staff had not received safeguarding training for a number of years. Checks of the building and maintenance systems were undertaken to ensure health and safety. We did note that the hoist was due for servicing in March 2015. The registered manager contacted us after the inspection and told us that this had been arranged for 8 April 2015.

We saw records which confirmed that the periodic hard wire and fixed wire testing in June 2014 highlighted recommendations for action. We were told that this had been overlooked. The registered manager contacted us after the inspection to inform that electrical work identified as a result of the testing would commence on 6 April 2015 and would be completed over a two week period.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However some care records needed further development to ensure that they were focussed to the specific need of each person to ensure care and support was delivered in a way that they wanted it to be.

There were individual risk assessments in place. Some risk assessments needed development to ensure that they clearly highlighted the individual measures to keep people safe.

Staff told us that they felt well supported and that they received supervision on a regular basis. We saw records to confirm that this was the case. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw that staff appraisals had been planned for 2015.

Staff had undertaken training in fire safety, moving and handling, infection control, dementia awareness and emergency aid. Health and safety training was undertaken on a three yearly basis. Five out of 14 staff employed had received updated training in respect of this. The registered manager told us that where gaps in training had been identified this training was planned. Staff told us that they thought the training they had received was good and provided them with the skills and knowledge they needed to care and support people.

There were two care staff on duty during the day from 8am until 9pm and on night duty there was one staff

member on duty. In addition, the registered manager of the service worked supernumerary hours Monday to Friday. The registered manager and other staff could be called upon at any time if needed.

The registered manager told us that the majority of staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. However, 'best interest' decisions were not always clearly documented.

At the time of the inspection there wasn't anyone who used the service who was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had an understanding of DoLS.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However, the medicine audit was basic and required further development.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Summary of findings

People's independence was encouraged and they were encouraged to take part in activities. People told us that they were happy with the activities provided by staff at the service.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. However the audits were more of a tick box process and did not describe what the registered manager had undertaken as part of the audit.

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?

The service was safe but improvements were required.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager. However some staff had not received safeguarding training in some time.

People and staff thought there was enough staff on duty. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. However the medicine audit required further development.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected. However the periodic hard wire and fixed wire testing in June 2014 highlighted recommendations for action which needed action.

Requires Improvement



Is the service effective?

The service was effective but improvements were required.

Staff told us that they felt well supported. The registered manager had arranged appraisals for staff. Staff told us that the training they had received was good. The registered manager said that any gaps in training had been identified and training had been arranged.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS); Capacity assessments had been undertaken where needed. However best interest decisions were not always clearly recorded.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Good



Summary of findings

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were in place. Some plans needed more information to ensure that they were focussed on the individual care and support needed.

People were involved in activities. We saw people were encouraged and supported to take part in activities.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Good



Is the service well-led?

The service was well led but improvements were required.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings. The registered manager had staff meetings and shared important information however records of these meetings were not kept.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that morale was good and that they worked as a team. We saw that audits were more of a tick box process and did not describe what the registered manager had undertaken as part of the audit.

Requires Improvement



Pembroke Residential Home

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.

We inspected Pembroke Residential Home on 23 March 2015. The inspection was unannounced which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to

complete 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.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, senior care assistant, cook and apprentice care assistant. We also spoke with the provider who came to introduce himself to us on the day of the inspection visit.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at two people's care records, one staff member's recruitment records, the training chart and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, “I’ve been on my own a long time. I was brought into here and it is nice to have somebody and some company.”

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with told us about the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. Staff we spoke with said abuse and safeguarding was discussed on a regular basis. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding and whistleblowing policy.

Records looked at during the inspection informed that some staff had received safeguarding training since 2009 and 2010. We pointed this out to the registered manager who said that they would arrange refresher training as a matter of importance.

The registered manager told us that weekly health and safety checks were undertaken by staff. This included testing of water temperatures, checking call alarms were working and checking that fire equipment was in good working order. We saw records of these checks. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. We did note that a hoist was due for servicing in March 2015. The registered manager contacted us after the inspection and told us that this had been arranged for 8 April 2015.

We saw records which confirmed that the periodic hard wire and fixed wire testing in June 2014 highlighted recommendations for action. We asked the registered manager what action had been taken in respect of this. We were told that this had been overlooked. The registered manager contacted us after the inspection to inform that electrical work identified as a result of the testing would commence on 6 April 2015 and would be completed over a two week period.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as maintaining a safe environment, bathing and moving and handling. We found that some risk assessments were better than others. We looked at the care records of one person living with a dementia. They had a risk assessment for maintaining a safe environment. The risk assessment did not highlight the individual risks to the person. This was pointed out to the registered manager and senior care assistant at the time of the inspection who said that they would look at risk assessments as a matter of importance.

Since the new provider took over the running of the service there had not been any newly appointed staff. The registered manager told us that they were in the process of recruiting some new staff at the time of the inspection. We looked at the recruitment records of one staff member which showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

At the time of the inspection there were nine people who used the service. The registered manager told us that during the day from 8am until 9pm there were two care staff on duty and on night duty there was one staff member on duty. We saw records to confirm that this was the case. In addition the registered manager worked supernumerary hours Monday to Friday. The registered manager told us that they and other staff were available and could be called upon at any time if needed. We asked staff and people who used the service if they thought there were enough staff on duty. One person who used the service said, “There’s always somebody knocking about if you need help. It’s nice to think that there is always someone there.” A staff member we spoke with said, “We definitely have enough staff and we have time to sit with service users.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

Is the service safe?

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines as prescribed. However we did note that some medicines that were carried over from one month to another were not recorded which made it difficult for us to audit. The registered manager and senior told us that they would ensure that in future all medicines carried over from one month to another would be documented.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. The temperature of the medication trolley was monitored daily to ensure that medicines were stored within the recommended temperature ranges.

Is the service effective?

Our findings

We spoke with people about the service, they told us that they liked staff and were provided with quality care and support. One person said, "I have got a lot of people looking after me which is an asset to a man of my age." Another person said, "It's alright here and we all get on well."

The registered manager showed us a chart which detailed training that staff had undertaken, however this was not up to date. We looked at the training files of two staff. During the last 12 months we saw that staff had undertaken training in fire safety, moving and handling, infection control, dementia awareness and emergency aid. The registered manager told us that health and safety training was undertaken on a three yearly basis and that five of the 14 staff employed had received updated training in respect of this. The registered manager told us that where gaps in training were identified, this training was planned. Staff told us that they thought the training they had received was good and provided them with the skills and knowledge they needed to care and support people. The apprentice told us that the registered manager and staff were very helpful with their course work.

Staff we spoke with during the inspection told us they felt well supported. We looked at staff files and saw that staff received supervision on a regular basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager told us that they were in the process of planning appraisals for 2015. We saw that induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

The registered manager told us that the majority of staff had attended training in the Mental Capacity Act (MCA) 2005 and DoLS and that further training was planned for all other staff. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff we spoke with had some understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions, however some improvements were needed. We saw that staff had undertaken capacity assessments of some people who used the service and that 'best interest' decisions had been

made. However records did not clearly state what the actual 'best interest' decision was. For example the records of one person needing support with their personal hygiene stated follow the plan of care; it did not actually state what the 'best interest' decision was. This was pointed out to the registered manager and senior care assistant at the time of the inspection who told us that 'best interest' decisions and care plans would be updated.

At the time of the inspection there wasn't any people who used the service who was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had an understanding of DoLS.

We looked at the service's menu plan. The menus provided a varied selection of meals. We spoke with the cook who told us that menus were to be reviewed and seasonal changes were to be made. We were told that other alternatives were available at each meal time such as salads, a sandwich or soup. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunchtime was relaxed and people told us they enjoyed the food that was provided. People who used the service were independent with eating and needed minimal assistance. We heard one person telling the cook how much they had enjoyed their meal. We asked people what they thought of the meals that were provided. One person said, "It's quite good. They call me the brown sauce man as I have brown sauce with everything." Another person said, "The food is very good. I have a good appetite. The food is nicely cooked and it's nice to have it put in front of me after having to cook it for all these years."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. We saw that there was a fruit bowl filled with fresh fruit available for people in the lounge area.

Is the service effective?

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. In one of the care files looked at during the visit we saw that staff had incorrectly calculated the risk to the person on their nutritional screening. This was because they were keeping two documents of weights, one in stones and pounds and the other in kilogrammes. Because of this they had failed to pick up that the weight loss of one person required them to weigh the person on a weekly

basis. However we did see that staff had supported the person to put back on the weight they had lost. This was pointed out to the registered manager and senior care assistant at the time of the inspection who said that they would review all assessments of people who used the service.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I only have to mention I feel unwell and they call the doctor."

Is the service caring?

Our findings

People who used the service told us that they were happy with the care and service provided. One person said, "They are all pretty kind. Maybe you should ask the staff if we are always kind. They listen to all of our moans and groans." Another person said, "We are very well looked after."

During the inspection we sat in communal areas so that we could see both staff and people who used the service. We saw that staff were kind, caring and considerate. We saw that staff were patient when assisting people and also promoted their independence. For example when one person who used the service found it difficult to get out of their chair staff provided gentle encouragement and support.

We saw that staff interacted well with people and were respectful. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw that staff were affectionate with people and with people and provided them with the support they needed. We saw that staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable.

Staff treated people with dignity and respect. Staff were attentive to all people who used the service. We saw that staff provided reassurance to people when they needed it. This showed that staff were caring.

Staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the

service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about food, clothes, activities and how they wanted to spend their day. One person decided that they wanted to go for a rest on their bed and staff supported them to do this.

People told us that visits from family were encouraged and welcomed at any time.

Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and ensuring that they called people by their preferred name. They told us how they respected people as individuals and decisions that they made. We saw that staff were discreet when talking to people about their personal care. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. There was a lockable drawer in bedrooms for people to store any personal items.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff and people told us that they were involved in activities. People told us they hadn't been out much but said that had been down to the weather. One person said, "I read the morning papers and I have some garden videos which I watch for general education. I am quite happy with the telly." They also said, "If they do bingo I go in with the rest." Another person said, "I like to play games you get bored if you just sit and do nothing." Staff told us how many people were visited by their relatives on a regular basis.

During the inspection we saw staff teaching one person who used the service how to play a game of cards they had not played before. We saw another person reading their papers and we saw that staff made time to sit with people and chat. People told us that they were content with the activities that staff provided.

During the inspection we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. We saw that some care plans were better than others. For example the care plan for one person was person centred and clearly stated what they could do for themselves and the assistance needed from staff. We looked at the care plan for another person. The

care plans were very basic. Records within the care documentation highlighted that the person had behaviour that challenged. Staff were clearly able to describe the triggers to the behaviour and what they would do to support the person; however this was not recorded within the care plan. We pointed this out to the provider, registered manager and senior care assistant who told us that from the next day they would take action to review the care plans of all people who used the service and update them to make sure they were individual to each person. We saw records to confirm that the end of each month that there was a monthly review and evaluation of care needs.

People who used the service told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, "X (the registered manager) you can talk to her. She listens to what you have to say." Another person said, "I would talk to staff but complain is not a word I would like to use."

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that there hadn't been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager. They told us that they thought the home was well led. A staff member we spoke with said, “She’s a lovely boss. She has a friendly nature. If you have any concerns she will deal with the situation and take the required action. They also said, “She is really good with the residents and always puts them first. She always works the floor if needed. She always provides cover if there isn’t a senior.” Another staff member said, “I love working here and wouldn’t change a thing.”

Staff we spoke with during the inspection told us that morale was good and told us about the importance of team work.

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, “We are a great team. We all know that the residents come first and that if we see anything we are unhappy with we report it straight away.”

The registered manager demonstrated an understanding of the principles of quality assurance. The registered manager recognised best practice and developed the service to improve outcomes for people.

The registered manager told us of various checks that were carried out on the environment and health and safety. We saw records of audits undertaken which included health and safety and audits of the kitchen. We saw that audits

were more of a tick box and did not describe what the registered manager had undertaken as part of the audit. The registered manager told us that they would speak with the provider and update audits. We saw that a basic medication audit was undertaken to make sure that staff had signed for medicines they had administered. The registered manager was aware of the need to develop this further.

The registered manager told us that as the team of staff was relatively small they regularly met with staff to communicate important information and encourage them to share their views. Staff we spoke with during the inspection confirmed this to be the case; however records of such meetings had not been kept.

The registered manager said that as the care home was small she spoke with all people who used the service on a daily basis. Since the new provider took over the service there has been a meeting with people who used the service and relatives. The registered manager told us that as the service was so small they had made the decision to keep a record of the discussions they had with individual people who used the service rather than hold formal meetings.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

The registered manager told us of their plans to carry out a satisfaction survey with all people and relatives to make sure they were happy with the care and service provided. They told us they were waiting until mid-year (2015) to do this so that people had been given time to comment on the new provider and service provided.