Fearnhead Residential Limited

Pembroke Residential Home

Inspection report

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Saltburn By The Sea
Cleveland
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Date of inspection visit:
05 June 2017
23 June 2017

Date of publication:
11 August 2017

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

We carried out an unannounced inspection on 5 June 2017. This meant the provider, registered manager, staff and people using the service did not know that we would be carrying out an inspection of the service. We returned on 23 June 2017 to carry out a second day of inspection which was announced.

We previously carried out an inspection on 1 March 2016, where we identified that personal emergency plans were in place but had not been readily accessible to emergency services. There were excess stocks of medicines and no sample signature records for staff dispensing medication had been put in place. We also found that best interest decisions had not been decision specific and care plans had not been updated to reflect these decisions. Care records contained a lack of information when reviews of care had taken place. Audits had not always recorded the checks that had been carried out and there was no system in place for formally seeking and recording feedback from people using the service.

Pembroke residential home provides accommodation for up to 12 people who require assistance with their health and well-being and live with a dementia type illness, sensory impairment or learning disability. Pembroke residential home is a converted house in Saltburn-by-the-Sea and is situated on the sea front with extensive views of coast. There are gardens to the front and rear of the service.

At the time of the inspection, there were ten people using the service who were supported by the registered manager and 15 care staff.

The registered manager has been registered with the Care Quality Commission since 21 March 2011. They had been the manager of the service for ten years and had worked at the service overall, for 23 years. 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.

At this inspection, we identified that improvements had been made to the service since the last inspection on 1 March 2016.

Staff understood the procedures which they needed to follow to keep people safe and the action they needed to take to raise any safeguarding concerns. Staff training in safeguarding adults was up to date and safeguarding alerts had been carried out when needed.

Risk assessments were in place for people and for the day to day running of the service and had been regularly reviewed. Health and safety certificates for the service were up to date and included gas and electrical safety certificates as well as checks of water temperatures. Fire safety checks had been regularly carried out and staff had participated in planned fire drills.

Recruitment records were in place and showed robust checks had been carried out to ensure only suitable candidates were employed to work at the service. There were sufficient staff on duty during the day and throughout the night.

Good procedures were in place for managing people's medicines.

Staff were supported to carry out their roles safely. All staff participated in supervision, appraisals and training. New staff were supported by more experienced staff to get to know people and to understand the day to day running of the service.

Staff had followed the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been applied for and granted for one person. The person was 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 told us they received a nutritious diet and were happy with the variety and quality of food. People at risk of dehydration or malnutrition were receiving appropriate care from staff and health professionals.

People were involved with a variety of health and social care professionals. All visits and recommendations by professionals had been recorded in people's care records.

Dementia friendly signage, toilet seats and grab rails were in place. People's rooms were personalised with their belongings and arranged in a way that suited them.

People told us they enjoyed living at the service and received good care from staff. People told us that staff protected their privacy and dignity at all times.

People were involved in planning and reviewing their own care. People told us they felt listened to. Staff had involved local advocacy services for people to ensure their voice was heard.

The service provided end of life care to people and worked in line with people's needs, wishes and preferences.

People received person-centred care which reflected their needs, wishes and preferences. Care records contained information about the care and support people needed and these had been regularly reviewed.

Activities which met people's individual needs were provided at the service. People told us they were happy with this provision which included in-house activities and regular visits from an external entertainer.

Information about how to raise a complaint was on display and everyone we spoke with was aware of this; however none wished to do so. People told us they felt able to raise any concerns informally with staff.

Staff told us they enjoyed working at the service and received good support from the registered manager and provider. People and staff told us the registered manager was always visible.

Quality assurance procedures were in place and had improved since the last inspection. Information was shared with people and staff and feedback sought to ensure the quality of the service improved.

The service had links with the local community. People shopped in their local community and received visits

from local schools.

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.

Staff understood how to keep people safe. Risks were outlined in people's care plans and risk assessments and both had been regularly reviewed.

There were enough staff on duty at all times to provide safe care and support for people. People told us staff were always available when they needed assistance.

Staff had followed correct procedures to raise safeguarding concerns and the registered manager had completed safeguarding alerts.

People received their prescribed medicines when they needed them.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and experience needed to provide care and support to people. Staff were supported to carry out their roles safely with supervision and appraisal.

Staff supported people with their nutrition and hydration and worked in line with guidance from health professionals when people became at risk of malnutrition or dehydration.

The service had good links with health professionals. People told us staff acted quickly when they became unwell.

Is the service caring?

Good

The service was caring.

People told us they received excellent care from staff and told us they enjoyed living at the service.

People were involved in developing and reviewing their care. People told us they felt listened to and staff always asked for

their consent before care and support was provided.

People received person-centred care which was provided in a caring and dignified manner.

Is the service responsive?

Good

The service was responsive.

Care plans set out the care and support which people needed. These had been reviewed regularly and showed when changes had been made.

People told us they were happy with the activities provided at the service.

A complaints procedure was in place which people and their relatives were aware of. People told us they felt confident that any complaint would be resolved.

Is the service well-led?

Good

The service was well-led.

Staff told us they enjoyed working at the service and felt supported by the registered manner. People told us they could speak with the registered manager at any time and had confidence in them.

Quality assurances procedures had been carried out regularly. Action plans were in place where needed. Feedback was regularly sought from people and staff.

The service had established links with their local community and worked alongside health professionals and the local authority.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

Before the inspection we reviewed all of the information we held about the service. The information included notifications that we had received from the service. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted Redcar and Cleveland local authority commissioning team. We used the information they gave us to help plan the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

One adult social care inspector and one expert by experience carried out this inspection on 5 June 2017. One adult social care inspector returned for a second day of inspection on 23 June 2017. The expert by experience involved in this inspection had experience of working with adults and older people.

During the inspection we spoke with seven people and one relative. We also spoke with the provider, registered manager, clinical lead, three care staff and the cook.

We reviewed two people's care records in detail and the supplementary records (medicine administration records, topical cream records and food and fluid balance records) of a further four people. We reviewed one staff recruitment and induction record, the training summary records for all staff and five staff supervision and appraisal records as well as records relating to the management of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. We carried out observations of practice and conducted a short observational framework for inspection (SOFI) to capture the experiences of people who may not be able to express themselves or communicate with us.

Good

Is the service safe?

Our findings

Staff understood the procedures they needed to follow to keep people safe from harm and abuse. Staff were able to demonstrate the signs and symptoms of abuse and told us they felt confident that the registered manager would take their concerns seriously. Staff training in safeguarding adults was up to date. We could see that safeguarding alerts had been raised and quick action taken to reduce the risk of reoccurrence. Records were in place to show the reason for an alert being made, the outcome of the investigation and any action taken to improve the service as a result.

All accidents and incidents had been recorded and records were in place to show the action taken to reduce any risk of reoccurrence. We reviewed consideration logs which the service completed as part of their contractual arrangements with Redcar and Cleveland local authority. All incidents, including safeguarding concerns and accidents had been recorded and included information about the action taken to reduce any repeated incidents.

Risk assessments for the day to day running of the service were in place and had been regularly reviewed. Risk assessments for people were in place where risks had been identified, these included falls, malnutrition and dehydration. Care plans included details of risks to people and both had been regularly reviewed.

Certificates relating to the health and safety of the building had been carried out. These included gas and electrical safety certificates, stair lift and portable appliance testing.

Fire safety checks had been completed, which included checks of fire exits, lighting and alarms. Staff had participated in regular planned fire drills. Checks had also been carried out to ensure hot water was available at safe bathing temperatures.

At the last inspection carried out on 1 March 2016, we found personal emergency evacuation plans (PEEPs) were in place, but had not been available for emergency services because they were stored in people's care plans. We also noted that the fire brigade had asked the registered manager to store the PEEPs in the entrance of the building to make them accessible; however this had not been actioned. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuation people out of a building unaided during an emergency.

At this inspection we found detailed PEEPs were in place and had been stored at the entrance of the service. Staff displayed good knowledge about the support people would need during an emergency.

People and staff told us there were enough staff on duty at all times to care for people safely. During inspection, we observed that staff had the time they needed to carry out their roles. We saw that staff had the time to sit and chat with people.

The registered manager told us that many staff had worked at the service for over nine years and staff tended to work the same shifts which meant they were familiar with everyone using the service and their

individual needs. People told us staff were always available when they needed assistance and call bells were answered quickly. One person told us, "I think there is enough staff. I press the bell at night sometimes they come immediately; sometimes they are attending to someone else. I've never been in difficulties." Another person told us, "I feel safe, they answer the bell quickly."

At the last inspection carried out on 1 March 2016, we identified that people were supported safely with their medicines; however no effective processes were in place for monitoring stocks of medicines. There were no sample signature records in place for staff to identify which staff member had administered medicine. Stocks of controlled drugs were stored at the service for people who were no longer prescribed them. This meant the registered manager had not taken action to dispose of them safely.

At this inspection we found that people had sufficient medicines in place. No excess stocks were noted. Medicine administration records (MARs) had been fully completed. Staff signature records were in place. Protocols were in place for people who needed 'as and when required' medicines. Some of these protocols lacked the information needed. When we spoke to staff they could tell us when and why people needed these medicines. We asked the registered manager to update these protocols. No-one was prescribed controlled medicines. There were records and body maps in place for people who were prescribed topical creams. Each cream contained a date of opening.

People told us they received their medicines when they needed them. One person told us, "If I want a painkiller I get them." Another person told us they received their, "tablets three times a day." and told us they received pain relief when they needed it. They told us, "Oh yes, they don't mess about."

Staff crushed one person's medicine and mixed it with apple sauce because the person was refusing to take it. The person accepted the medication in this way. We could see that this procedure was documented on the MAR and done under the guidance from the person's GP. However we asked the registered manager to seek written communication about this from the GP.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection, carried out on 1 March 2016, we identified best interest decisions were only in place in relation to personal hygiene decisions. At an inspection on 23 March 2015, we identified that best interest decisions did not clearly state what the best interest decision was.

At this inspection, we could see the provider has listened to feedback and action had been taken to improve staff's understanding about the Mental Capacity Act 2005. Decision specific DoLS applications had been made. An application for one person had been granted and an application for another person was being considered. Records were in place to show when the authorised DoLS was due to expire and the progress of the DoLS being considered. The DoLS were referenced within the care records, however not in care plans to show how the DoLS restriction affected a particular health and well-being need. The provider told us action would be taken to address this.

Staff displayed good knowledge about the Mental Capacity Act 2005 and told us about the action they would take if they had any concerns about people's capacity. Staff spoke to us about DoLS and demonstrated their understanding of why one person had these safeguards in place. What this restriction meant and the action they needed to take to ensure the person remained safe. Staff understood this safeguard and that the person could still make decisions about their day to day life. Staff spoke about how this person's capacity to make these decisions could change when the person suffered with an infection.

Some people had 'Do not attempt cardio-pulmonary resuscitation,' (DNACPR) orders in place. These orders showed the reason or the decision making, the people involved in the decision making and had been regularly reviewed to ensure they still reflected people's wishes.

Staff were supported to carry out their roles through a process of supervision, appraisals and training. Supervision and appraisal are formal methods of support, usually a meeting, by which an organisation provides guidance and support to staff. Records were in place to show that all staff had received regular supervision and appraisal.

New staff had completed an induction programme. This included shadowing experienced members of staff, training and becoming familiar with the day to day running of the service and the people they were providing care and support to.

Staff had participated in mandatory training. This is training which the provider deems important for staff to carry out their roles effectively. This included health and safety, fire safety, safeguarding, the Mental Capacity Act 2005 and deprivation of liberty safeguards. Staff had recently attended a care planning course and had been booked onto training in diabetes and pressure area care. Training in dementia care, nutrition, end of life care and oral health had not been carried out by staff for over three years. We asked the provider and registered manager to take action to address this because guidance in these areas could have changed during this time. The provider was looking at options for providing learning disabilities training to staff

People were supported with their nutritional intake. Information about people's dietary requirements and personal preferences were available to the Cook. From the menus reviewed, we could see that a varied diet was available to people which included a choice at all mealtimes. One person told us, "The food is fresh every day; they [staff] are keeping me healthy." Another person told us, "We are well fed, not neglected in any way. We have a jolly good cook. She does a really varied diet, there are choices every day. We can always ask if we want something else. I can't fault the place; I'm as content as a kitten."

Staff provided flexibility at mealtimes. Generally people ate in the dining room with each other, however people could eat in their rooms or in the living room. One person told us that when the cricket test match was on, staff brought meals to their room so that she wouldn't miss anything important with the cricket.

One staff member told us about one person who had started to leave food at mealtimes. Staff spoke to the person and identified that the person needed to see a dentist. This resolved the issue and the person regained their appetite.

People at risk of dehydration and malnutrition received appropriate care. Risk assessments and care plans were in place and regularly checks of their weights were carried out. Care records showed if health professionals, such as dietitian were involved in people's care and any guidance had been included into care plans. One staff member told us about one person who wouldn't have the food supplements prescribed by a dietitian. Staff spoke with the dietician and implemented the diet suggested by the dietitian. The person was much happier with this and was able to regain their weight.

People told us they had regular contact with health and social care professionals as part of their individual care needs. This included GPs, district nurses, opticians and dentists. One person told us. "My daughter takes me to hospital appointments, but the staff would get the GP if I needed to see him."

Accommodation at the service was set over two floors. People at the front of the building had access to sea views. One person told us, "I've got the best room in the house." When we visited people in their rooms, we could see they contained people's personal belongings and were furnished and arranged to individual tastes. Each person's room was clean and tidy.

Dementia friendly signage was in place at the service to indicate the different communal rooms, bathrooms and bedrooms. Dementia friendly toilet seats and grab rails were located in bathrooms. People living with a dementia had access to twiddle mitts; these are knitted hand muffs designed to provide stimulation and promote flexibility and brain function. The registered manager was aware that as people's dementia progressed that they would need to consider the changes they would need to make to ensure the service was dementia friendly in other aspects, such as dementia friendly crockery.

Good

Is the service caring?

Our findings

People spoke positively about the staff and told us they enjoyed living at the service. One person told us, "The staff are wonderful. Marvellous. It's a happy home." Another person told us, "The staff are fabulous." A third person told us, "If I didn't like it I wouldn't be here."

We asked people if staff were caring towards them. One person told us, "Yes, I don't have a worry. I'm looked after, fed and have a roof over my head. I'm a contented person." Another person told us, "It's not rough or ready; they look after you well and truly." A third person told us, "We are treated like people not a number."

We observed staff spending time with people throughout inspection. We could see from the conversations and friendly banter that both knew each other well. One person told us, "I like it here. We have a joke together. I like a bit of fun. There's no trouble at all anywhere."

One relative told us that their loved one was well looked after and felt that staff provided good care and support to them. They told us that staff encouraged their relative to be involved in the service and felt staff communicated well with all of the family. During family visits, staff allowed the family privacy and were respectful of the families time together.

People told us their dignity was maintained at respected all of the time. Staff knocked on doors and waited for an answer before entering, kept them informed when providing personal care and ensured people had access to everything they needed. One person told us, "I tell staff what I'm doing [during personal care] and they don't come near me unless I want them to. It helps me to feel in control."

Care records showed that people had been involved in planning and reviewing their own care. People confirmed this to be the case. Staff were aware of local advocacy services, and they told us they had sought these services for people previously. Information about these services was on display at the service.

The service provided end of life care to people and worked in line with people's needs, wishes and preferences. This included guidance from health professionals. The registered manager told us, "Our aim is to make sure residents are able to die with dignity and we offer a holistic approach to this. End of life care plans are put in place and we make sure this is tailored to individual needs. Family, where able are involved in any discussions."

Good

Is the service responsive?

Our findings

Care records contained the information needed to provide person-centred care to people which was reflective of their needs, wishes and preferences. Care plans were in place for key aspects of health such as communication, skin care and memory. Care plans included information about risks, specialist equipment and what people could do for themselves.

At the last inspection, carried out on 1 March 2016, we identified that reviews of care had taken place, however there was no evidence of the discussions which had taken place during this review. At this inspection we found that care plan reviews had taken place regularly. We could see that the quality of reviews had improved. Care plans had also been updated when people's needs changes and when recommendations from health professionals were given.

From speaking with staff, we could see that they were aware of people's individual needs and preferences. They were aware of people's care plans and had been involved in reviewing them. Daily records were regularly completed and reflected people's care plans.

People and staff worked together to identify and provide suitable activities for people. People told us they were happy with this arrangement. One person told us, "The [registered] manager and staff are always thinking of things to amuse us. It's up to us if we join in or not." Another person told us, "I'm quite happy with what we get." Activities included dominos, quizzes, card games, knitting and board games. Once per month an external singer attended the service to provide entertainment which people told us they enjoyed.

Some people we spoke with expressed their love of watching tennis, snooker and cricket on the television. Themed evenings were carried out where people enjoyed playing cards with drinks and nibbles. People told us they enjoyed visits from family and friends who often participated in activities with them. One person told us, "My friends visit and we play Pontoon and dominoes."

One person had a bird in their room which the person cared for with the support of staff. Staff told us the person shopped for the products needed and staff provided assistance with cleaning and caring for the bird. Staff told us this animal brought great joy to this person.

Information for people was on display in communal areas of the service. This included activities, a service user guide and welcome pack.

No complaints had been made since the last inspection. People we spoke with during inspection told us they knew how to make a complaint. The registered manager told us that people chose to speak informally about any concerns either in private or during resident meetings. One person told us, "If I was not happy, I would talk to the [registered] manager but I don't need to." Another person told us, "Everything is brilliant. If I was not happy I would tell them [staff] straight." A third person told us, "If I wanted to complain I would speak to the [registered] manager or any of the girls [staff]. I see the [registered] manager every day." Information about making a complaint was available to people and was on display at the service.

Good

Is the service well-led?

Our findings

At the previous inspections, carried out on 1 March 2016 and 23 March 2015, we identified that there were no records of any audits of reviews of care. We also found that audits for medicines did not show what had been examined during the audit and they had not identified the issues identified during that inspection with medicines stocks and controlled drugs. There were no records to show what quality assurance checks had been carried out by the registered provider and there was no evidence to show that feedback had been obtained from people and the service.

The provider told us that they had listened to feedback and had undertaken a review of the service to make the changes needed and to drive improvements. The provider told us, "Staff are brilliant. [Registered manager] is great."

At this inspection, we found that action had been taken to improve quality assurance procedures. Audits had been carried out which included a checklist of recruitment, supervision and appraisals, risk assessments, care records, training and complaints. Audits relating to the day to day running of the service had also been carried out. Care records had been audited each month. This included a check of all aspects of people's records to make sure they were up to date, accurate and had been regularly reviewed. Audits had not identified some of the gaps we identified with topical creams and PRN protocols, however we were confident that the provider would take immediate action to address this. We could see that quality assurance processes were being continually developed.

Accident and incident records had been reviewed. We could see the number of accidents had recently increased, however we could see the reason for this and the registered manager had taken appropriate action. This included a GP visit, falls prevention equipment and increased support from staff.

As part of quality assurance checks at the service, the provider and registered manager met each week to discuss all aspects of the service, which included any changes which needed to be made, planned improvements and training for example. The registered manager worked during the night at times as part of their monitoring processes.

The registered manager and staff were aware of their roles and responsibilities and carried out care and support to people in line with the values of the service. People told us they received good care and we could see staff acted quickly when people experienced deterioration in their health and well-being. Staff worked as team and communicated well with each other. The registered manager told us they had confidence in their staff. They told us staff would ring them when they were not on duty to inform them about people who were unwell or where incidents had occurred. However the registered manager told us staff had already taken the action needed. Notifications had been submitted when required to do so and information shared with the local authority.

Staff spoke positively about the service and the support received from the registered manager. One staff member told us, "Pembroke is special. There is something special and quirky about it. It's a family

orientated service with a good atmosphere.

People were happy with the registered manager and told us they were approachable. One person told us, "[Registered manager] is in and out all the time. She sees everything that's going on. She's on the ball. She's a good manager." One staff member told us, "[Registered manager] is lovely. I couldn't ask for a better manager." Another staff member told us. "We have a fantastic [registered manager] and [provider]. They are both available and approachable. They go beyond and it makes the home nice that we can go to them. They resolve any issues which we have and this gives us confidence."

The registered manager told us, "Everyone is treated as an individual. We try to create an atmosphere where everyone is happy and relaxed in the home. We regularly discuss any issues as they arise and people can speak to us freely and confidentially at any time. We have a very low turnover of staff which promotes continuity of care and enables staff to get to know people properly.

Staff told us they attended regular meetings where they were kept informed about events at the service, information pertaining to their role and any important changes. We could see that key themes were addressed during these meetings which included safeguarding and the Mental Capacity Act 2005. This meant staff had the opportunity to further their understanding or discuss real life examples. We could see these meetings were well-attended by staff.

People who used the service were also invited to attend regular meetings to seek their views about the service including activities, the food provided to them and upcoming events. Everyone we spoke with confirmed that they were asked their views and suggestions about the service provided. People had participated in a survey to capture views about the service during April 2017. The results of survey were shared with people and any areas for action were discussed in detail.

The registered manager told us the service had good links with their local community. People went out to local shops, hairdressers and library. Religious ministers visited the service each month and the local church and school attended for harvest festival and at Christmas.