

Turning Point Pemdale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Pemdale is a residential care home. The service can accommodate up to six people in one adapted single storey building, which is accessible for people who may have a physical disability. At the time of this inspection four adults were using the service who had a range of care needs including learning disabilities, autistic spectrum disorders and physical disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

People's privacy and dignity was respected and promoted. Staff knew how to protect people and keep them safe. They had the right skills and training to meet people's needs, including making sure they had their medicines when they needed them.

Improvements had been made to the building, so it was safe, clean and comfortable for people to use. The building provided people with enough accessible individual and communal space, including a garden.

Staff supported people to stay healthy. They helped people to access healthcare services when they needed to and ensured they had enough to eat and drink.

The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled 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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by having opportunities to gain new skills and become more independent. This meant that people using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People were given opportunities to participate in activities, both in and out of the service. People could go on holiday too if they wanted to.

Systems were in place for people to raise any concerns or complaints they might have about the service. The service responded in an open and transparent way when things went wrong, so lessons could be learnt, and improvements made.

There was strong leadership at the service which promoted a positive culture that was person centred and open. Since the last inspection a new manager had come into post. Everyone spoke very highly of them.

For more details of this inspection, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 22 May 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. At this inspection we found improvements had been made in all areas and the provider was no longer in breach of regulations.

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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Pemdale

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:

One inspector carried out this inspection.

Service and service type:

Pemdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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:

The inspection was unannounced.

What we did before the inspection:

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 checked other information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We also asked for feedback from the local authority who has a quality monitoring and commissioning role with the service.

During the inspection:

We spoke with or observed the care and support being provided to all four people using the service during different points of the day, including meal times and when medicines were being administered. We also spoke with the registered manager, locality manager, team leader and four support workers.

We looked at various records, including care records for two people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found. We looked at photographs they sent us to confirm that work to ensure the service was clean and safe for the people living there had been completed.

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 had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured that all aspects of the environment were always safe for people to live in. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Action had been taken to improve the upkeep and maintenance of the home to promote people's safety and wellbeing. This included regular checks for the virus Legionella, refreshing paintwork, deep cleaning and new furnishings. After the inspection we saw evidence that the flooring in the shower room had been replaced to address potential infection control risks.
- Checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.
- Risks to people were assessed to ensure their safety and protect them from harm. This information had been recorded in people's support plans, providing a clear record of how the risks were being managed to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had been trained to recognise and protect people from the risk of abuse. They understood how to report any concerns if they needed to. One staff member told us, "I would report any concerns direct to the manager." They explained a line manager would normally take responsibility for reporting concerns to external authorities such as the local authority and Care Quality Commission (CQC). However, they also knew how to report their concerns directly should the need arise.
- Although some people were unable to tell us if they felt safe because of their complex needs, our observations found they were comfortable in the presence of staff.

Staffing and recruitment

- We saw there were enough staff on duty to keep people safe and meet their needs in a timely way. However, work was planned to review and increase staffing levels in the event of new people moving in.
- The team leader showed us safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We found the required checks were in place, with clear systems to explore any anomalies such as gaps in a new staff member's employment history. The provider's health declaration form did not however make clear that new staff should declare any mental health needs alongside physical health needs. The registered manager confirmed this was expected from new staff, but this would be made clearer on the form.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. Staff were following safe protocols for the administration and recording of medicines, including PRN (as required) medicines. They checked for people's consent and understanding before giving them their medicines and creams.
- People had their medicines reviewed to make sure they had the right medicines when they needed them.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff maintained good hygiene by washing their hands in between tasks and using personal protective equipment (PPE) such as gloves, before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training.
- We observed the service to be clean, tidy and fresh.

Learning lessons when things go wrong

- The registered manager had clear processes in place to ensure lessons were learned when things went wrong. They confirmed potential mistakes and concerns were discussed with staff in team meetings, to minimise the risk of a future reoccurrence.
- We saw many changes had been made since our last inspection, to improve safety across the service.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured that staff always had the training and knowledge to do their work effectively. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff confirmed they received relevant training to support them in their roles. They told us training had improved and they had completed new and refresher training since the last inspection. We noted from speaking with them that their knowledge had increased in many areas including key subjects such as DoLS (Deprivation of Liberty Safeguards), protected characteristics and safeguarding processes. The registered manager used a training matrix to record staff training and highlight when refresher training was due.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and competency checks. Useful reference information had also been provided for staff to help them understand more about people's individual health needs.

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

- Staff talked to us about the assessment process for one person who was thinking about moving into the service. It was clear staff considered how the person would get along with people already living at the service. People knew about the new person and told us they had enjoyed their visits so far. This demonstrated the service worked in line with the values that underpin the 'Registering the Right Support' guidance.
- The registered manager told us the provider arranged regular meetings to cascade good practice information and support them to keep up to date with changes in legislation; to achieve good outcomes and promote a good quality of life for the people living at the service.

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

- A pictorial menu was on display with pictures of the planned meals for the day. Staff confirmed if someone did not like a meal, then an alternative would be provided. We saw there was plenty of other food available, including healthy options.
- We observed staff supporting people to prepare meals, drinks and snacks of their choosing. One person giggled when they told us they had had two packets of their favourite crisps with their lunch. They had very definite preferences of what they liked to eat, and staff ensured these were met.

- Staff were aware of potential risks for people such as problems with swallowing but told us there was no one currently living at the service who required this level of support.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. Some people living at the service had complex needs, which required regular access to a range of healthcare professionals, who supported them in monitoring and managing long and short-term health conditions. Clear records of the outcomes from these visits were being maintained.
- The registered manager confirmed the service had developed positive working relationships with external services and organisations to deliver effective care, support and treatment for people. A recent example had included working with a hospital health facilitation team to support someone who needed to have a blood test.

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

- People's needs were being met by the adaptation, design and decoration of the premises. Two people living at the service used a wheelchair to mobilise. There was enough space for them to access communal and individual areas within the building, as well as a spacious garden. We observed one person independently moving about the building in their chair with ease. A ramp had also been fitted to enable them to spend time in the greenhouse where they enjoyed growing fruit and other plants.
- Specialist equipment such as door frame guards and a low-level kitchen worktop had been provided; to meet people's specific needs and promote their independence as far as possible. This also demonstrated the service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- We found evidence to show people's capacity had been assessed and best interest decisions were routinely made for a variety of reasons such as peoples' financial expenditure, where they required support to manage their money. This ensured people who lacked capacity to manage their own finances were protected from potential financial abuse.
- We observed staff routinely seeking consent from people regarding day to day decisions such as how they wanted to spend their time or what they wanted to eat. Where people could not give verbal consent, we saw staff looked for non-verbal gestures such as one person putting their coat on to show they were happy to go out for a walk.

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 requires improvement. At this inspection this key question had improved to 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

- At our last inspection we observed occasions when staff spoke about people, or in front of people, in a disrespectful way. At this inspection we found people were treated with kindness and compassion. It was clear people felt at ease with the staff and they expressed their happiness and contentment in a variety of ways such as laughing and smiling. One person told us, "Yes" when we asked if they were happy living at the service.
- Staff were heard speaking appropriately in front of people. They demonstrated respect in several ways including saying goodbye to everyone when they finished their shifts.
- We read a compliment from someone who had recently carried out some painting and decorating at this service and another service run by the same provider. They had written, 'During the time I was there I found all the staff at both homes to be very efficient, helpful and friendly. My opinion of the homes is that they are very caring and happy homes'.
- Staff supported people to find accessible ways for them to communicate. Individual 'all about me' profiles were on display for each person. These contained positive statements relating to what was important to them. This would be useful information for visitors and new staff to be able to communicate with people in a meaningful way.

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

- People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff told us one person liked their breakfast in bed, so this happened. We observed the person was relaxed and happy, indicating this was a regular arrangement.
- Staff told us everyone received additional support with making decisions about their care and support from people outside of the service, where appropriate. This included people's families and, in some cases, an independent advocate.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity. The registered manager told us privacy and dignity were a fundamental part of staff induction and training.
- We saw people were helped to feel good about themselves. One person for example, enjoyed having their finger nails painted so staff supported them to visit a local beauty salon to maintain their appearance.
- Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring their right to confidentiality was upheld. Staff received training to understand how to keep people's information safe and secure.

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 had improved to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found people had limited opportunities to go on trips, attend events or go on holiday. At this inspection this had improved. Staff talked to us about people's forthcoming plans to go on holiday and day trips. Photographs provided evidence of people enjoying themselves on previous trips or participating in activities such as a 70th birthday party, bowling, a trip to a safari park, washing the house vehicle and a regular exercise class.
- Each person had their own weekly activity planner and there was a dedicated activity room within the service providing comfortable seating, sensory lighting, craft items and music.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a support plan which contained personalised and clear information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily.
- Staff encouraged people through individual goals to try new experiences and to develop their independent living skills and social inclusion. We saw people being supported to do tasks for themselves as far as possible, such as making a hot drink or helping themselves to dinner.

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.

- We checked to see how the service was meeting this standard and found each person had a communication passport in place. A communication passport is a practical guide to understanding and supporting a person's individual method of communication.
- Information for people had also been developed using pictures, photographs and symbols. Staff told us that one person liked to visit the library where they could borrow books in a large print or audio format.

Improving care quality in response to complaints or concerns

- Easy read information had been developed to explain to people how to raise concerns or make a complaint, if they needed to. The registered manager said this had been shared with people's families and advocates too, so that they could support people to raise concerns or do so on their behalf, where

appropriate. In addition, staff held regular 'wellbeing meetings' with people to check they were happy with the service they received.

- The registered manager confirmed the service had not received any complaints in the last 12 months.

End of life care and support

- Staff confirmed the service was not currently supporting anyone who required end of life care. However, they talked about how this level of care and support had been provided in the past. They told us how they had worked with relevant healthcare professionals to support a person at the end of their life to have a comfortable, dignified and pain free death. This had included providing support to the person's family and the other people using the service.
- Plans had been developed with people currently living at the service and their families, to ensure people's end of life preferences and choices were known. This information would support staff in knowing how to ensure people's comfort and wellbeing, in the event of them becoming unwell.

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 had 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and 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 our last inspection the registered manager was not fully aware of all the important events they need to notify us about by law. This was a breach of regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Records showed that notifications were now being submitted as required.
- Since our last inspection, there had been a change of registered manager. The new registered manager started working at the service in August 2018. They divided their time between this and another service run by the same provider, with the support of a team leader at each service.
- We found the new registered manager to be open and knowledgeable about the service and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, the registered manager took swift action to provide evidence of compliance with the small number of areas we asked more questions about or identified for improvement.

Continuous learning and improving care

At our last inspection the provider had failed to have effective systems and processes in place to monitor and improve the safety and the quality of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Quality monitoring systems were in place to check the service was providing safe, good quality care. We saw evidence of regular audits taking place at both service and provider level covering areas such as care records, medicines, staff training and safeguarding. A new set of auditing tools had been developed by the provider to enhance the existing system. These were due to be introduced at this service later this month. The locality manager explained the new audits would lead to an overall action plan that would incorporate improvements identified by the service as well as external organisations, such as the local authority and

CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Without exception, staff told us they were feeling more positive since the new registered manager had started. One staff member told us the service was, "Running happier." Staff told us the new registered manager was supportive and had brought about notable changes in the culture at the home. We saw that staff were confident and motivated as a result. They interacted with people and one another collaboratively, in a caring, respectful and positive way. This created a relaxed and comfortable atmosphere all day.
- The registered manager explained they used a variety of methods to seek feedback from people and staff. This included satisfaction surveys and meetings. We saw the results of staff surveys returned by nine out of eleven staff members in March 2019. Positive comments included, 'Management good. Better organised than has been for a long time' and 'I believe we work well as a team and if there are issues we sort them out quickly'. Where improvements had been identified for consideration the registered manager had provided a clear response, with actions to address the suggestions made.
- A 'You said, we did' poster highlighted the results of people's feedback from individual wellbeing meetings and group resident meetings. This showed that actions had been taken to improve external activities, setting individual goals and freshening up the décor at the service.
- The registered manager talked to us about how they ensured staff were supported, respected and valued. They explained that good practice was recognised through appreciation letters. We read letters that had been given to staff who had demonstrated their commitment and dedication to the service.
- Staff were trying hard to develop stronger links with the local community. As well as using local shops and facilities they told us that the local Vicar and a GP had made social visits to the service. A staff member suggested another activity on the day that had potential for furthering these links.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.