

# Places for People Individual Support Limited

## Pembroke Court

### Inspection report

George Street  
Darwen  
BB3 0HH  
Tel:  
Website:

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This was an announced inspection which took place on 8 and 10 December 2014. The service was last inspected in September 2013 when it was found to be meeting all the regulations we reviewed.

Pembroke Court is the registered office for Places for People Individual Support Ltd, from which personal care and support is provided to people who live in five extra care housing schemes in Darwen and Blackburn. One of the schemes provides care and support to people with dementia related needs. At the time of our inspection there were 70 people using the service across these five sites.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We spoke with 16 people who used the service; of these 15 people were happy with the service they received from Places for People staff and told us they always felt safe

# Summary of findings

when they received any care or support. One person who used the service told us they did not always feel safe when staff supported them. This person was also concerned that they had not been involved in reviewing their care and that the service was not sufficiently responsive to their request to change their care plan.

Staff had received safeguarding training and were aware of the actions they should take to protect people who used the service. People told us they received their medicines as prescribed and we found that all staff had completed training in the safe administration of medicines.

Staff demonstrated an awareness of the principles of the Mental Capacity Act (MCA) 2005. This legislation is designed to ensure people's rights to make their own decisions, wherever possible, are upheld. People who used the service told us they were supported to make choices about how their care was delivered.

There were systems in place to provide staff with support, induction, supervision and appraisal. Staff at all sites told us they enjoyed working for Places for People and considered they received the support they needed to effectively carry out their role.

Senior staff in the service conducted checks and audits to monitor the performance of staff. When necessary, supervision and appraisal systems were used to review practice or behaviour.

People's health needs were assessed and people were supported to access appropriate services to meet these needs. Where appropriate, staff provided support to ensure people's nutritional needs were met.

Records we looked at showed people's care plans and risk assessments were updated to reflect their changing needs. However, we found limited evidence that people had been involved in reviewing and providing feedback on the care and support they received.

People told us there were always sufficient numbers of staff on duty to meet their needs. We saw the service had robust recruitment procedures in place; these should help protect people from the risk of being cared for by unsuitable staff.

People who used the service and their relatives were mainly positive about the attitude and approach of staff. A health professional we spoke with told us they considered staff at the site they visited were exceptional in the support they provided to people. All the staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people, including end of life care.

There was a lack of consistency in the way the service was organised across the sites. This meant staff at one site did not always know in advance of their shift which people they would be supporting. Although people who used the service told us they did not always know which staff would be caring for them each day, they did not express any concerns about this as they considered all staff were equally good.

Although there were quality assurance systems in place for each of the sites, we found these were not sufficiently robust to ensure action had always been taken where the need for improvement in the service had been identified.

# 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. This was because staff had received training in how to protect people who used the service from abuse.

With the exception of one person, people who used the service and their relatives told us they were confident in the ability of Places for People staff to provide safe and appropriate care.

Staffing levels were appropriate to meet the needs of people who used the service. Recruitment procedures were robust which meant people who used the service should be protected from being cared for by staff who were unsuitable to work with vulnerable people.

Good



### Is the service effective?

The service was effective. This was because people were supported by staff who received the training and support they required to carry out their role.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood their responsibilities to support people to make their own decisions, wherever possible. Processes were in place to record and review where staff might need to take decisions in the best interests of individuals.

Where necessary, staff provided support to people to ensure their nutritional needs were met.

Good



### Is the service caring?

The service was caring. People we spoke with provided positive feedback about the caring nature of staff.

People who used the service told us their dignity and privacy was always respected by staff.

Staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people, including end of life care.

Good



### Is the service responsive?

We found improvements needed to be made to ensure the service was always responsive to people's needs.

There was limited evidence that people were involved in reviewing or providing feedback on the care they received.

People did not always receive the care they required at the time of their choice.

Systems were in place to record and address any complaints received at the service.

Requires Improvement



# Summary of findings

## Is the service well-led?

Improvements needed to be made to ensure the consistency of the service people received at all the sites supported from Pembroke Court. This included the need to ensure all staff received timely information about the hours they would be working and the people they would be supporting.

Staff told us they enjoyed working at the service and considered they received good support from senior staff.

Although quality assurance processes were in place at all of the sites, these were not sufficiently robust to ensure action had always been taken to address any issues raised.

## Requires Improvement



# Pembroke Court

## 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 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 visited the service on 8 and 10 December 2014. We told the provider two working days before our visit that we would be coming. This was to ensure the registered manager and staff would be available to answer our questions during the inspection. During the inspection we visited four of the five sites at which Places for People staff delivered care from the registered office at Pembroke Court.

The inspection team consisted of two inspectors. We were joined on the second day of the inspection by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older adults.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We also contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 16 people who used the service, nine relatives, nine members of care staff, the three team leaders from across the five sites, a health professional and the registered manager. With the consent of people who used the service, we observed staff interactions with people in their own flats and in the communal areas. We also looked at seven records about the care and support people received, six staff files and a range of records relating to how the service was managed.

# Is the service safe?

## Our findings

The service was safe. Of the 16 people we spoke with who used the service, 15 told us they felt safe when they received care and support from the service. All the relatives we spoke with had no concerns about the care their family member received from Places for People staff. Comments people made to us included, “I’m not frightened”, “I feel safe with staff” and “[My relative] is most definitely safe” and “We are grateful [our relative] is in a safe environment; as a family it gives you a piece of mind.” One relative whose family member lived at the site for people with dementia related needs told us they were particularly pleased with the action Places for People staff had taken to ensure their relative was protected when there were concerns about the behaviour of another person who used the service.

In contrast, one person who used the service told us they did not always feel safe when staff supported them to move using the hoist. They told us, “Once or twice I’ve almost fallen through.” We discussed this person’s comments with the team leader for the site and two of the staff who provided the person with support. They told us the person had never raised any concerns about the care they received. However, the team leader advised us they would meet with the person as soon as possible to discuss the concerns they had raised with us.

From the information we held about the service we were aware that safeguarding concerns had been raised some months prior to our inspection about the practice of staff based at one of the sites. We found the registered manager had taken action to address the concerns and had changed the staff team at this particular site. From our review of records at this site and from speaking with people who used the service and their relatives, we were satisfied that these changes had made a positive impact on the safety of people who used the service.

All the care staff we spoke with told us they had completed safeguarding training; this was confirmed by the records we reviewed. Staff were able to tell us what procedure they would need to follow if they had any concerns about a person who used the service. They told us they were confident they would be listened to by senior staff and the registered manager if they were to raise any concerns. Staff also told us they were aware of the whistle blowing (reporting poor practice) policy for the service.

All the staff we spoke with told us there were always sufficient numbers of staff on duty to ensure they could meet people’s needs in a safe and appropriate manner. People we spoke with who used the service confirmed this to be the case.

The care records we looked at showed that risks to people’s health and well-being had been identified, such as poor nutrition, and management plans were in place to help reduce or eliminate the risk. We saw that risk assessments had been reviewed on a regular basis. This should help ensure that people received care that was safe and appropriate to their needs.

We reviewed the recruitment and selection procedures for the service to check that it was sufficiently robust to protect people who used the service from people who were unsuitable to work with vulnerable people. We found the necessary pre-employment checks had been completed before people were employed to work in the service. The registered manager told us that all new staff were subject to a probationary period during which time their practice was regularly reviewed to ensure they were suitable to work in the service.

We looked at the systems for administering medicines in the service. We found all staff had received training regarding the safe administration of medicines. Staff we spoke with told us they were confident in ensuring people received their medicines as prescribed.

People who used the service told us they received the support they required to take their medicines. One person commented, “I get my medicines four times a day and it works like clockwork.” We found a risk assessment was completed when people started using the service to determine the level of support they required, if any, to take their medicines safely. Where necessary, people who used the service had their medicines stored in a locked cupboard in their kitchen.

We looked at the medication administration record (MAR) charts for five people who used the service. We found four of the five MAR charts were fully completed. The MAR chart for one person had some missing signatures and showed a discrepancy between these and the daily records which stated that staff had administered all medicines. This

## Is the service safe?

meant we could not be certain that the person had received all of their medicines as prescribed, although when we discussed this with them they did not raise any concerns.

We found medication audits were being completed on a monthly basis when MAR charts were returned to the registered office. We discussed the discrepancy we had found with the registered manager. They told us that the

MAR chart for the person concerned had not yet been returned to the office for auditing but they would ensure that this was completed as soon as possible in order to identify if any errors had occurred.

We noted contingency plans were in place for each site. This provided guidance for staff about the action they should take in the event of an emergency in order to ensure people who used the service were kept safe.

# Is the service effective?

## Our findings

People who used the service told us they were generally confident in the skills and abilities of the staff that supported them. One person told us, “I don’t do too badly overall...I am pleased with the care I get here. There is a member of staff coming to see me shortly and they are superb. You could not ask for a better carer.” However, one person at a different site commented that at weekends staff sometimes appeared less competent or confident. They told us, “They do the job but they are not as skilled.” We discussed this with the registered manager who told us there had been a number of new staff who had recently started working at this scheme, but the registered manager was confident that these new staff had the necessary skills and knowledge to undertake their role effectively. We saw evidence that regular checks had been undertaken regarding the ability of new staff to carry out their role in safe and competent manner.

We spoke with one member of staff who had recently been employed to work at this scheme. They told us that they had received a comprehensive induction which involved the completion of training and the shadowing of more experienced staff. They said that at the end of the induction period they had felt confident to work independently but were always able to seek advice and support from other members of staff if they were unsure about anything.

Relatives we spoke with considered staff had the skills and knowledge to effectively meet the needs of their family members. One person whose family member was supported at the site for people with dementia related needs told us, “Staff are skilled to meet the needs of people with dementia and seem skilled at diffusing situations.” Another relative of a person who used the service at this site told us they had previously had some concerns about the lack of action taken by staff when their family member lost weight. However, they were now generally satisfied that the care provided by Places for People staff was effective in meeting their family member’s needs; although they had some concerns about whether such a scheme could ever adequately meet the needs of people with a dementia due to its model of promoting independent living.

We noted a system of spot checks and competency assessments was in place. This meant that senior staff were

regularly reviewing the practice of all care staff. Staff we spoke with told us they found this process to be helpful in assisting them to identify where improvements could be made to their practice.

We were told by the registered manager that agency staff were generally not used at any of the sites covered by the registered office at Pembroke Court. Staff we spoke with confirmed that any sickness or absence was usually covered by Places for People staff. They told us that if an absence was planned and they were expected to provide support to a person they had not previously met, wherever possible they would be introduced to the person who used the service in advance. Staff also told us they would always look at care plans to ensure they were aware of the care and support a person needed. This should help ensure people who used the service received effective care.

Records we looked at confirmed staff had completed relevant training; this included the safeguarding of adults, the safe administration of medicines, fire safety and first aid. Staff we spoke with told us they were able to discuss any training requirements with the team leader for the scheme in which they were based and that any requests were facilitated.

Staff told us about recent training they had attended regarding ‘life after a stroke’. They said that this had been extremely useful in enabling them to understand the services available to people who had experienced a stroke and the support which might be most beneficial. They were able to describe actions they had taken in their practice as a result of their learning from the course. This demonstrated staff were supported to develop their skills and knowledge for the benefit of people who used the service.

We saw there were processes in place to support staff to progress within the organisation; this included the introduction of a senior carer development role at each site. The purpose of this role was to support the team leader in reviewing people’s care plans, monitoring staff performance and mentoring new staff.

We asked staff to tell us how they ensured they supported people to make their own decisions wherever possible and what action they would take if they were concerned a person lacked the capacity to make a particular decision. Staff told us they would always ask people to tell them



## Is the service effective?

what care and support they wanted. They also told us that care plans were important in providing them with direction and guidance to ensure they met people's needs effectively.

All the staff we spoke with told us they had received training in the Mental Capacity Act (MCA) 2005. Although all staff demonstrated an awareness of the principles of this legislation, some staff in the scheme for people with dementia related needs told us they would ask family members to make decisions for people, without fully demonstrating they understood the need to assess people's capacity to make their own decisions. However, one staff member in this scheme told us about the 'best interest' forms which had been developed for use across all schemes should staff need to make day to day decisions for people. We also noted policies were in place for staff to refer to regarding their responsibilities under the MCA.

People who used the service told us they were able to make choices about the way their care and support was provided and that staff were happy to accommodate these choices. One person told us, "They always ask what I want". Another person commented, "I can do what I want here."

Where necessary, staff provided support to ensure people's nutritional needs were met. In the scheme for people with dementia related needs we observed staff ask people what they would like for their lunch. People in all of the schemes we spoke with told us staff provided them with the support they needed to ensure they had regular drinks and meals. Comments people made to us included, "They make my meals; they ask me what I want" and "Staff come and make drinks regularly."

We saw care plans referred to people's health needs and provided good information for staff about the potential impact of any health conditions on the care people required. People who used the service told us staff would always contact health professionals involved in their care if they had any concerns about their well-being.

# Is the service caring?

## Our findings

All the people we spoke with gave positive feedback about staff. Comments people who used the service made to us included, “The girls [staff] are nice and kind”, “Staff are good, they do everything you need” and “They [staff] are all very good and I’m glad I moved here from my previous place as I get looked after by the staff.” Most relatives we spoke with were also complimentary about the staff in all of the schemes. One relative commented, “Yes they [staff] are caring. They seem to really spoil [my relative]; everything is person centred” but another person told us they thought “some staff were better than others.”

We spoke with a health professional who regularly visited people who lived in the scheme for people with dementia related needs. They told us they were very impressed with the staff in this scheme, commenting “Staff are absolutely brilliant. They go above and beyond what they need to do.”

We asked staff how they ensured people’s need for dignity, privacy and respect were met. All the staff we spoke with told us they would always ask people before providing any care or support. Comments they made to us included, “We

always ask people what they want” and “We always lock the bathroom door when providing care so the person feels comfortable.” A person who used the service told us, “Staff ask me what I want. They are always very respectful.”

People who used the service confirmed staff always respected their dignity and privacy when they provided care and support. We noted that care plans included information for staff about when and how they should enter a person’s home. People we spoke with told us staff always respected their wishes regarding this.

During our inspection we noted positive interactions between staff and people who used the service. At the scheme for people with dementia related needs we saw staff provided reassurance to people. We also saw one staff member encourage and support a person who used the service to become involved in the activity of decorating the Christmas tree in the communal lounge.

Staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people, including end of life care.

# Is the service responsive?

## Our findings

Some areas required improvement to ensure that the service was always responsive to people's needs.

Most people who used the service told us they always received the care they needed at the time they wanted. One person commented, "Staff come when they should. They always come promptly if I need something unless they are dealing with someone else." However, another person told us they were unhappy with the times staff came to assist them to get up each morning and support them to bed at night. They told us they had discussed this with the team leader for the site at which they lived but had been advised the times they received care could not be changed as there was a 'lack of slots' available. This person also told us they had not been involved in a review of their needs and the support they received since they started using the service 12 months previously.

We looked at this person's care records and could find no evidence that a review had taken place. We discussed this with the team leader for the site and the person's concerns about the timing of the care they received. The team leader confirmed they had told the person who used the service that there were no slots available at the time they wanted their care to be delivered. We raised the fact that this demonstrated that the service was not responding to people's individual needs and requests. We were told a review would be arranged with the person who used the service as a matter of urgency to discuss the issues they had raised with us.

We looked at the care records for a further six people and found limited evidence that people had been involved in reviewing the care they received from Places for People staff. We noted one review form was partially completed and the person who used the service had indicated they would like something to be done differently regarding the care they received. However, there was no evidence that this had been further explored with the person concerned. This meant there was a risk the person was not receiving care, which was responsive to their needs. In contrast one person told us they had a care review every six months.

We discussed the lack of evidence regarding reviews with the registered manager. They told us they had introduced a system for team leaders to record when reviews had been completed with people who used the service. However, it was evident from our findings that the lack of regular reviews with people who used the service was an issue in two of the sites. We also noted that an internal audit completed in August 2014 by the provider's quality assurance team had identified improvements needed to be made in the review systems in the service.

Care files we looked at provided evidence that people's individual needs were assessed before the service started to deliver care. Support plans were personalised and provided good information for staff about the support people needed.

During our inspection we saw, where care plans identified this as necessary, people were supported to access the communal facilities at each of the sites. This meant the risks of social isolation were reduced.

We found there were systems in place to gather feedback from people who used the service. We noted verbal feedback had been gathered from people who used the service across all the sites. One comment we saw a person had made was 'Carers go above and beyond to care for me to a high standard'.

We looked at the log of complaints maintained at the service. We saw there was evidence that action had been taken to resolve any issues raised. Where appropriate meetings had been held with the person raising the concerns to gather further information and provide feedback on the action to be taken.

Most people who used the service told us they would feel comfortable in raising any concerns they had with the team leader at each site and were confident they would be listened to. The person who had raised concerns about the times they received care was less confident that any concerns they might raise would be taken seriously.

We saw the service had introduced a 'You said / We did' document, which showed that the views of people who used the service had been listened to and acted upon.

# Is the service well-led?

## Our findings

The provider had a registered manager in post at the service as required under their registration with CQC. The registered manager was supported by a deputy manager and three team leaders who oversaw day to day running at the different sites covered by the service. We saw there were processes in place to support staff to progress within the organisation; this included the introduction of a senior carer development role at each site. The purpose of this role was to support the team leader in reviewing people's care plans, monitoring staff performance and mentoring new staff.

We found the way the service was organised and delivered was inconsistent across the sites. Staff working at one of the sites told us they did not know which people they would be supporting on a day to day basis. They were also unaware of what hours they would be working, including over the Christmas period, which was two weeks after our inspection. This had an impact on both people using the service and staff. One member of staff commented that one person using the service would only accept support with certain aspects of personal care from two of the staff team. They told us that during a recent visit this person had said "I'm glad it's you so I can have a shave." At other sites the staff rota was more consistent and rotas were received in advance by staff.

Although people we spoke with who used the service confirmed they did not always know which staff members would be supporting them each day, they told us they were not concerned about this. Comments people made to us included, "It's not always the same staff but that doesn't matter as they are all so nice." and "I don't really have a choice of staff but I'm happy with who comes."

We discussed the inconsistency in staff rotas and service planning with the registered manager. They told us they were under the impression that staff across all sites had received their Christmas rotas and confirmed the way care was planned should be consistent at all sites as the same computer system was used. They told us they would discuss our findings with the team leader for the particular site concerned.

Although most of the people who used the service and their relatives were unaware of the identity of the registered manager, all told us they were aware of the team leader for

their site. We were told the team leaders were accessible and always responded promptly if any issues were raised. One person told us, "[The team leader] has given a direct number for when she is not in the office and there is a notice showing when she will be around."

The registered manager told us that, in order to improve consistency of care, there was a dedicated staff team at each site and that care staff were not usually asked to work across sites. This was confirmed by all the staff we spoke with. The registered manager also told us they had introduced a keyworker system, which involved each person having a lead member of staff and point of contact. However, two of the staff we spoke with at one site were unaware of anyone having a keyworker. This indicated this initiative was still to be implemented consistently across the service.

Staff told us they felt they were treated fairly by the management team. Staff at all sites told us team leaders in the service were approachable, easy to contact and staff were confident that any requests for support or advice would be dealt with quickly. All staff told us they would have no concerns about raising any issues of poor practice with senior staff and believed they would be protected if they were to do so. Staff also had access to an 'on call' manager' for any support required outside normal hours.

Staff told us they felt supported in their work. Supervision sessions were held with their manager every six to eight weeks, which we confirmed by reviewing staff files. Staff also attended team meetings run by the registered manager and relevant team leader. These meetings provided an opportunity to raise any concerns they may have and staff were able to influence the agenda to discuss matters they felt were important. From the minutes of the team meetings we could see a variety of topics were covered including policy of the month and customer feedback questionnaires. The registered manager also showed us a staff newsletter that was produced in order to share achievements and improve communication across the service.

Staff said they enjoyed working for the service and told us the managers were open to ideas and suggestions they had. One staff member discussed how they had felt able to approach their manager and question a decision made by an external professional that they felt had limited a person's independence. They said they were confident their manager would consider the suggestions they had made.

## Is the service well-led?

The registered manager told us they had introduced a number of initiatives to support the development of best practice in the service; these included the introduction of dementia champions across the service as well as training for staff in dignity in care and record keeping. The provider had been successful in gaining an 'Investors in Staff Training' Award. This recognised the quality of professional development opportunities available to staff in the organisation.

We reviewed audits carried out by the registered manager and saw evidence of checks having been carried out on care plans and medication administration record (MAR)

sheets. However, we noted the lack of reviews we had identified during the inspection had not been picked up during the care plan audit process; this meant the audit system was not fully effective.

We saw the provider had a central system in place on which the registered manager was required to report complaints, accidents and incidents which had occurred within the service. The registered manager was also required to provide regular updates on the progress of any investigations. This should help ensure appropriate action was taken to address any concerns which had been identified regarding the quality of the service.