Care Quality Commission

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Pendrea House

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

Overall summary

The inspection was unannounced and took place on 27 August 2015. Our last inspection was on 22 July 2013 on and we found the service was meeting all the legal requirements.

Pendrea House provides care and accommodation for up to 16 people. On the day of the inspection 16 people were living in the home, one person was on respite care and another person was attending for day care support. Pendrea House provides care for people who are elderly, may suffer with mild mental health conditions, dementia and/or have restricted mobility.

The service had a manager in post, they were in the process of applying to be the registered manager. Their interview was the week following the inspection. 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.

During the inspection people and staff appeared relaxed, there was a calm and pleasant atmosphere. Comments included "It just feels so homely, staff are friendly and care" and, "The staff are so kind." We observed and people told us they had the freedom to move around freely as they chose and enjoyed living in the home.

Summary of findings

People spoke highly about the care and support they received, one person said, "The care here is good." Another said, "It's lovely here and the staff are so polite, kind and caring." Care records were personalised and gave people control where possible. Staff responded quickly to people's change in needs. People and their family were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected, for example, if people liked to stay in their bedrooms or relax in one of the lounges.

People's risks and environmental risks were managed well and monitored. People were promoted to live full and active lives and participate in the activities if they wished, many enjoyed relaxing in the beautiful gardens. Activities reflected people's interest and pastimes they enjoyed such as reading, bingo and musical entertainment.

People had their medicines managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were in place. People's skin creams were kept in their rooms and people told us staff always applied their creams. However, the system in place meant the MARs were not always being completed to indicate people had their creams. The manager was going to look at ways this area could be improved. We saw this had previously been highlighted with staff.

Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged. We noted the temperature of the fridge was slightly higher than the recommended range and fed this back to the manager. People's care plans indicated the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable with regards people's individual needs relating to medicines. For example, one staff member told us how one person struggled with their tablets so liquid medicine had been arranged for them. A few people managed aspects of their own medicine where they were safe to do so. No one at the service required covert medicine administration. Monthly audits monitored medicine management.

People told us they felt safe. Staff understood their role with regards the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made and advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident reporting any incidents or allegations and these would be fully investigated.

Staff described the management as very open, approachable and "Very supportive." Staff talked positively about their jobs. Staff worked together as a team to meet people's needs for example covering additional shifts during the holiday season.

Staff received a comprehensive induction programme. The Care Certificate had not yet been implemented for new staff but the manager had all the information ready to start this with staff. The care certificate is a national initiative designed to ensure new staff are appropriately trained.

There were sufficient staff to meet people's needs. The manager often covered shifts if required. Staff were appropriately trained, had a good deal of care experience as a team and had the correct skills to carry out their roles effectively.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Audits were conducted, trends noted and action taken when needed. Feedback from people, friends, relatives and staff was encouraged.

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?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

People's medicine management was robust but improvements were needed to the recording of skin creams.

Staff followed safe infection practice and policies.

Is the service effective?

Good

The service was effective. People had their health care needs met and received care and support that met their needs.

Staff received a thorough induction and ongoing training.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were looked after by staff that treated them with kindness and respect. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive, caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs. People were involved in planning their care. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's complaints and concerns were taken seriously. People's experiences were taken into account to drive improvements to the service.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and their roles defined by a clear structure.

Summary of findings

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Pendrea House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by an inspector for adult social care on the 27 August 2015 and an expert by experience (Ex by Ex). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met all the people who lived at Pendrea House. We spoke with four people who used the service, four relatives, the registered provider's son, the manager and three members of staff. We also contacted two health and social care professionals who had all supported people within the home.

We observed the care people received in the lounge and dining areas on the day of the inspection. We spoke with the manager and staff about people's care needs.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at five records related to people's individual care needs, the recruitment, supervision, induction and training records in four staff files, reviewed staff meeting minutes, quality assurance questionnaires and records associated with the management of the service including quality audits and maintenance checks.

Good

Is the service safe?

Our findings

People who lived at Pendrea House confirmed they felt safe. Comments included; “I feel absolutely safe here” and, “It’s lovely and safe here” and “Certainly I feel safe, nobody would tackle me!" and a relative commented “It's the staff that make me feel safe." We observed staff were visible in the communal areas, promptly supported people whose mobility was not good and responded immediately when call bells sounded.

Staff had received safeguarding training and a further update was planned for December 2015. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The manager informed us they looked for staff who were trustworthy and kind and all staff underwent a three month probation.

There were enough skilled and competent staff to help ensure the safety of people. Staffing levels were assessed and monitored depending on people’s needs. This enabled care and support to be given in a timely manner and adjusted as people’s needs changed, for example at the end of their life. People told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. Staff said there were enough staff on duty to support people.

There was consistency of staff and agency staff were not used; this meant staff knew people’s needs and risks. Staff worked flexibly to ensure the service was sufficiently staffed at short notice due to sickness or holiday.

People were supported to take everyday risks. We observed people walking freely around the home and gardens where possible. Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. For example, one person had been assessed as a high risk of falls. The person liked to mobilise independently. They had initially only needed a walking stick but as their mobility declined a walking frame had been arranged for them.

Risk assessments highlighted people at risk of skin damage. Staff knew who required frequent moving to reduce the likelihood of a pressure ulcer developing. People at risk of skin damage had special mattresses and cushions to maintain their skin integrity. The settings on people’s mattresses were checked each week to ensure they were set correctly. No one had any skin damage at Pendrea House.

Staff handover shared information about people’s risks, needs and wellbeing, for example those who were more confused than usual or those who needed prescriptions that day. This supported safe care. Staff told us “we check we’re using the right equipment and we check on people regularly to keep them safe.”

Personal evacuation plans were in place in the event of an emergency and identified those who would require staff support to exit the building safely. Fire training and fire drills were undertaken to ensure the fire system worked correctly. The environment was safe with radiator covers in place to prevent scalding. Regular safety checks on the equipment in use such as the hoists and slings occurred. Safety notices were displayed in each bathroom explaining the use of thermometers

and safe water temperatures. This reduced the likelihood of burns occurring.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. People’s skin creams were kept in their rooms and people told us staff always applied their creams. However, the system in place meant the MARs were not always being completed to indicate people had their creams. The manager was going to look at ways this area could be improved. Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged. We noted the temperature of the fridge was higher than the recommended range and fed this back to the manager. Staff were knowledgeable with regards people’s individual needs related to medicines. For example, one staff member told us how one person struggled with their tablets so liquid medicine had been arranged for them. A few people managed aspects of their own medicine where they were safe to do so. Monthly audits monitored medicine management.

Good

Is the service safe?

The home was clean and smelled fresh during our inspection. Staff were aware of infection control precautions they needed to take and we noted ample gloves, aprons and protective clothing in place for staff. Staff correctly informed us of the procedures they had followed when someone had previously had an infection to reduce the likelihood of cross infection. Staff were aware of the correct laundry temperatures and procedures for the disposal of clinical waste.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated “The girls are wonderful; Oh yes, they are trained.”

Staff undertook an induction programme at the start of their employment at the home. The manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. The Care Certificate induction was due to be implemented imminently. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Induction training included information about the building, fire exits, moving and transferring, care plans and regular support from the deputy manager and manager. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently.

Staff training in areas such as food hygiene, infection control, skin care, end of life care and dementia care training were in place to support staff’s continued learning and was updated when required. Staff told us they had completed First Aid in July. We noted however some essential training such as moving and transferring had lapsed for some staff. The manager confirmed following the inspection a date was booked for October 2015. All staff had a health and social care qualification. Staff shared how they had found the dementia training particularly helpful to understand and meet people’s needs. Additional learning and knowledge was gained through reading current literature and the staff supervision process.

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. In addition to formal one to one meetings staff also felt they could approach the manager and deputy informally to discuss any issues at any time. The deputy manager regularly worked alongside staff to encourage and maintain good practice.

Staff communicated effectively within the team and shared information through handovers. This supported staff to have the relevant information they required to support people’s needs. Staff confirmed they had time to read care plans and had good handovers on return from annual leave. Healthcare professionals confirmed communication was good within the team. Staff were able to adapt their communication styles dependent on people’s needs. For example one person was hard of hearing, staff spoke clearly in their ear so they were able to converse with the person.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection for people ensuring their safety and human rights are protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The service was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People’s capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA and followed this in practice. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people’s behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions; another commented “We involve people as far as we can, be patient, give them time.” For example, what a person liked to drink or wear and what they wanted for lunch. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person’s best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person’s behalf, must do this in the person’s best interests. Staff understood this law and provided care in people’s best interests. Staff sought people’s verbal consent before they engaged in personal care

People had their nutritional needs met. People told us "You can't get enough, there's so much choice. I can even have a milkshake in my room"; "We're fed well at Christmas time, it's amazing" and a relative said “My mum always cleans her plate."

People were provided with a healthy diet and encouraged to drink often. All bedrooms had fresh water and regular tea and coffee was provided throughout the day of the

Good

Is the service effective?

inspection. Staff supported people as appropriate. People were involved in decisions about what they would like to eat and drink and essential information noted in their care records for example those unable to eat certain foods due to their medicine or those allergic to nuts and gluten. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example, one person liked a warm drink before bed, another didn't like eating in front of others. Care plans detailed people's preferences for certain foods such as "sloppy porridge with honey".

During lunch people were relaxed and told us they had sufficient choice. We observed people having a leisurely lunch with support from staff when required and nobody appeared rushed. Staff were visible and on hand to support people to eat. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected. People said "Yes, the food is very good."

People's care records highlighted where risks with eating and drinking had been identified for example where there had been weight loss. Staff were observant to these people's diets. Where necessary GP advice had been sought and supplements prescribed. No one required the care of a dietician. No one at the home had required a referral to the speech and language team (SALT). Staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP.

People had their health needs met. Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support, for example, from opticians, dentists and chiropodists. Staff promptly sought advice when people were not well, for example if they had a suspected urine infection or chest infection. Referrals were made via the GP where indicated, for example to support people if they had mental health needs. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain.

Good

Is the service caring?

Our findings

People spoke highly of the quality and consistency of the care they received. Comments included; "Staff wonderful, glad we got in here; can't fault this place – wonderfully kind, lovely place"; "They're all very kind"; "We respect people here, we help them, be there for them and make sure we meet their needs" ; "We try and do the little things which make a difference"; "We listen – we do a lot of chatting." Throughout the inspection staff were warm, polite and cheerful.

We observed staff interacting with people in a caring compassionate way throughout the inspection. Staff told us "I talk to people, help them, I hope they know I'm here for them"; "I do all I can to satisfy people, I try and make their days good days." Staff were patient, calm and reassuring in their interactions with people. There was appropriate use of touch with staff giving people a hug who wanted one. Interactions were warm, loving and genuine. Another staff member gently manoeuvred a person from their chair to the wheelchair with explanation and guidance. They explained what they were doing at each stage and gave the person time to transfer. Staff prompted and guided people to maintain their dignity and personal presentation. People who liked wearing their makeup and jewellery were seen with this on.

People's needs in relation to their age or disability were understood by staff and met in a caring way. For example, one person was very elderly and frail. They had sensory needs and told us they were "falling apart now" but as far as they were able they remained partners in their own care. People were supported to remain independent for example one person liked to wash as much of their own body as they could reach. Care plans supported this choice and detailed that staff were to help with washing their feet and back but to allow the person to have their flannels passed to them so they were able to wash themselves. Staff we spoke with knew and respected this. Others liked to dress by themselves but needed staff assistance with their buttons.

Staff knew the people they cared for and spoke of people in a caring, thoughtful way. The service embedded the "social care commitment"; a set of values to ensure high quality, compassionate care. The service worked to incorporate the "6 C's" (Care, compassion, competence, communication, courage and commitment) in all they did. These six fundamental values

supported staff to deliver excellent care maximising people's independence and well-being. These values of care were integral to all parts of the service from the recruitment of new staff to supporting and challenging poor practice through staff meetings. We observed staff working to these values throughout the inspection.

Staff told us they worked as a team and supported each other. The service was led by people's needs and not task orientated. Staff worked flexibly to meet people's needs as they arose and support their colleagues.

People or significant other's had contributed to care plans written in the first person with information about their personality and how they liked to receive their care. People's views were listened to and incorporated into their care plans. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. For example people had been asked about their end of life wishes, who they wanted involved and had end of life treatment plans in place where appropriate.

Where people were unable to make decisions advocacy services were involved to ensure decisions were made in people's best interests. Talking to staff about particular decisions it was clear they cared about people and wanted the best for them, for example one person had moved to the home as a private resident but when they were no longer able to afford the fees, the manager thought creatively of a way for them to be able to stay at the home.

People told us their privacy and dignity were respected. Staff knocked on people's doors and waited for a reply before entering people's rooms. Staff closed doors and curtains when they provided personal care. Staff informed us how they maintained people's dignity and independence for example when helping them to mobilise or assisting them with personal care. Staff spoke to people respectfully and greeted them in the way they preferred. Interaction between staff and people was warm and jovial at times but appropriate. Staff addressed and spoke to people in the way they preferred. We observed people cared for in bed looked clean, comfortable and warm.

Good

Is the service caring?

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Visitors told us “They ring me up and I sign my mums care plan once a month" and “I can come and go when I want. We can even bring the dog with us."

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. Personal backgrounds, people's likes and dislikes, their routine and friend and family contact information gave information staff needed to provide personalised care. People, family and professionals were involved as far as possible to develop these. The small details which made care individualised were known for example, people's preferences for their dining companions, those who liked their hair and makeup done and those who liked to maintain their faith and had particular religious beliefs.

People were involved in planning their own care and making decisions about how their needs were met, where possible. For example, staff knew who liked to wake early and those who preferred to sleep in. People's breakfast choices were known for example those who liked porridge and particular cereals. Daily notes showed and staff confirmed this was respected. People's past histories were known to staff and those with particular end of life wishes were clearly recorded.

People told us they were able to maintain relationships with those who mattered to them. People had telephones in their rooms so they were able to make private calls if they wished. Several relatives visited on the day of our inspection and were welcomed. The registered manager told us they supported people to maintain relationships and encouraged families to be involved.

Activities were planned across the week and included games, music sessions and bingo. Many people pursued their own hobbies such as reading, knitting and told us they had no desire for more planned activities. On the day of the inspection people were enjoying the summer sun in the garden; other chatted, watched TV and dozed in the lounge. The manager told us the home sponsored a donkey that came to visit occasionally. People told us "I don't have many visitors but a lady visits me for bible studies"; "My mum enjoys the accordion player and the staff play dominoes with her "; and "I have a c d player with coloured buttons on it so I can see them better."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the home. People knew who to contact if they needed to raise a concern or make a complaint "If I had a complaint I'd write a letter to the Manager." People who had raised minor concerns, had their issues were dealt with straight away. A complaints log noted any concerns and the action taken in the past. There were no recent complaints or concerns. In the entrance hall there was also a comments book for people and / or visitors to leave feedback. The comments we reviewed were positive.

Good

Is the service well-led?

Our findings

The manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Staff comments included; “There is a clear management structure.”; “The management are always around and approachable”; “Very supportive”; “The manager is lovely here, we feel jolly lucky.”

People and their relatives were encouraged to voice their opinion informally and through regular meetings and they felt listened to when they did. People’s comments in the quality assurance questionnaires we reviewed were positive. Meetings were held with people and their families to encourage their involvement, support family and gain feedback. We noted that where people had requested things during these meetings the manager had actioned these requests; for example one person wanted a grab handle in their bathroom and this was in place, another had requested a pull cord in the upstairs bathroom and this had been actioned.

People and staff were involved in developing the service. The home was currently being re decorated. Meetings updated staff on the progress including the new wet room and the new boiler. We saw staff were aware of the new CQC inspection methodology and discussions had been held on the various areas.

Staff meetings were held to provide an opportunity for open communication. Staff told us they were encouraged and supported to question practice. Staff felt listened to and supported in their work. The manager felt they had a good relationship with staff and a stable staff team.

Information was used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. The manager promoted an open culture. The home had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected and were encouraged to raise concerns. We saw from the staff meeting minutes staff felt confident to raise areas which were important to them including their pay and conditions.

The manager was currently undertaking a leadership award in health and social care. The manager and deputy led by example, working alongside staff where possible, alongside their managerial commitments. Staff told us they were happy in their work, were motivated to do a good job and understood what was expected of them. The provider had celebrated special staff birthdays and occasions, we were told by staff this had made them feel valued.

Health and social care professionals who had involvement in the home, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

Audits were carried out in line with policies and procedures for example there were medicine audits, health and safety checks, fire equipment checks and maintenance checks. Areas of any concern from audits or servicing of equipment had been identified and changes made so that quality of care was not compromised. Maintenance issues were dealt with, however some staff felt there were often delays. We fed this back to the manager and provider’s son.

There was an effective quality assurance system in place. The registered manager was open to ideas for improvement and kept up to date with changing practice and legislation such as the new Care Certificate for staff. Feedback was accepted to drive continuous improvement within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.