Copenhill Limited

Pendruccombe 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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Pendruccombe House on 6 November 2018. Pendruccombe House is a 'care home' that provides care for a maximum of 54 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pendruccombe House is made up of two connected buildings, a residential home and a nursing home. There is a large kitchen and a laundry which serve both buildings. On the day of the inspection, 23 people were living in the nursing unit and 17 in the residential unit.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Everyone told us they considered Pendruccombe House to be a safe and supportive environment. The premises were well maintained and regular checks were carried out to ensure equipment and utilities were safe to use. Risk assessments were in place for falls, moving and use of medicines. Some people could behave in a way which could put themselves or others at risk. Staff had a good understanding of how to support people at these times but this was not recorded in their care plans. No risk assessments had been developed to guide staff on how best to support people to help ensure a consistent approach and we have made a recommendation about this in the report.

Staff told us they enjoyed working at the service and were happy to talk with us about their experiences. They told us they were well supported by the management team and able to raise any ideas or concerns. Training was updated regularly across a range of areas to enable staff to meet people's needs.

People were supported to take their medicines as prescribed. Staff worked with external healthcare professionals to make sure people's needs were met. Kitchen staff had a comprehensive understanding of people's dietary requirements and preferences.

Care plans were well organised, informative and up to date. They covered a range of areas and gave a good picture of people's health and social needs. Monitoring of people's health was effective and staff were quickly alerted to any changes in people's needs. Regular audits were carried out which helped highlight any gaps in care provision or areas for improvement.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Pendruccombe 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 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.

The inspection took place on 6 November 2018 and was unannounced.

The inspection was made up of an inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Before the inspection we reviewed the records held on the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people, six relatives and a visiting professional. We looked around the premises and observed staff interacting with people. We also spoke with the registered manager, the cook and nine members of staff.

We reviewed seven care plans in detail. We observed how staff interacted with people. We also spoke with ten staff and reviewed three personnel records and the training records for all staff. We were supported on the inspection by the registered manager.

We looked at four people's care plans and associated records, Medicine Administration Records (MAR), three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People and relatives told us they were confident care and support was provided in a safe way at Pendruccombe House. Comments included; "The staff are always popping in to check on me and see if I need anything" and "Everybody is always fussing to see if we are alright, they're a lovely bunch."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. One commented; "I would report to the local authority if I needed to, that's always been pushed to us." All staff were required to complete safeguarding competency checks annually or more often if there were any concerns.

People were assessed to identify if they were at risk of falling. The registered manager told us they would complete assessments when people first started using the service with the information available. This would be updated as staff got to know the person better. Assessments included information about people's medical conditions and other relevant factors such as what footwear they preferred to wear. All staff were provided with training on falls prevention. The registered manager told us the systems in place had proven to be "Very successful" with a low incidence of falls occurring.

We identified two people who could sometimes become physically or verbally aggressive when they were distressed or anxious. Any incidents were recorded and records showed the registered manager had met with staff to discuss how to support these people at these times. Staff described to us the actions they would take to try and calm people and minimise any risk to themselves or other people. There were no risk assessments in place to guide staff who may have been unfamiliar with people's needs. Although staff knew people well the detail they provided to us about how they supported people at these times was not recorded in their care plans. For example, one member of staff told us how they encouraged the person to go to a quiet area or their room if they were becoming anxious. They said they could sit with the person and look at family photographs which had been provided for this reason. If this failed they would try and get a relative to talk to the person on the telephone. They described very clearly how and when they would escalate their response according to the person's mood. However, none of this information was recorded. This meant staff might not have been consistent in their approach to supporting the person.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the development and implementation of risk assessments for people whose behaviour can put themselves, or others, at risk.

Risk assessments for other situations such as the risk of falls and the use of medicines were clear and guided staff on the action to take to mitigate risk. Staff told us they were confident supporting people at all times and knew how to keep people safe.

People were supported by suitable staff. Records showed appropriate checks were carried out to help

ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.
People and staff told us they felt there were always enough competent staff on duty to meet people's needs and keep them safe. There were no vacancies at the service. Agency staff were used occasionally to provide cover if there were any gaps in the rota. As well as care staff the service employed general assistants, kitchen and domestic staff, an activities coordinator and maintenance workers. We saw call bells were responded to quickly and staff were unrushed in their approach. One person told us; "There are always enough staff about to help me if I need it."

Medicines were managed, stored and disposed of safely. Medicines Administration Records (MAR) were all in place and had been correctly completed. Staff explained to people what their medicines were for and checked people had taken them before signing the MAR. Where necessary staff checked people's pulse before administering medicine. Some medicines needed to be administered at specific times and these times were adhered to. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held some medicines that required cold storage and there was a medicine refrigerator at the service. Records showed the medicine refrigerator temperatures were monitored. There were auditing systems to carry out weekly and monthly checks of medicines.

The environment was well maintained. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and hand gel dispensers were located throughout the service. There were suitable facilities to store cleaning materials when not in use. We found some doors, which were clearly marked 'Keep locked', had been left unlocked. These rooms contained cleaning products which could pose a risk if spilt or ingested. We highlighted this to the registered manager and staff who immediately ensured the doors were locked.

The registered manager had systems in place to ensure the building and equipment were safely maintained. Health and safety audits were completed regularly. All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills. Personal Evacuation Plans (PEEPs) were in place which outlined the support people would need to evacuate the building in an emergency.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who had the skills to meet their needs. People's comments included, "My relative tells me it's just the calmness from the staff that makes her relaxed." People's needs were assessed before moving into the service. This helped ensure their expectations could be met. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

New members of staff were required to go through an induction which included completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff.

Training was regularly updated and covered a wide range of subjects. Recent training had included moving and handling and supporting people living with Parkinson's Disease. The senior staff and most of the nurses had recently completed training to enable them to verify a death. A training matrix provided an overview of the training provided. This showed staff were up to date in all areas identified as necessary for the service including infection control, first aid and the Mental Capacity Act (2005).

Staff received regular supervision and annual appraisals. All staff had face to face supervisions with a senior member of staff. These were an opportunity to identify any gaps in training and encourage career progression as well as discussing working practices and any individual concerns. Staff told us they were well supported. The senior team also carried out observations on staff, particularly staff new to the service, to check competencies.

People had their healthcare needs met by staff who quickly recognised changes to their health and referred them to external professionals when necessary. Records detailed people saw their GP, specialist nurses, opticians and dentists.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service recorded who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. Applications for DoLS authorisations had been made to the local authority appropriately following capacity assessments in relation to people's ability to consent to

their plan of care.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

People were involved in decisions about what they would like to eat and drink. Care records identified people's preferences and any allergies or dietary requirements. A questionnaire was given to people periodically to gather their views in respect of meal choices. The cook spent time with people each week to talk to them about the menu. They told us they were able to provide people with alternatives if requested. For example, they told us of one person who had gone through a period of only wanting egg and chips. They commented; "We kept encouraging them to try something else and eventually they did." The kitchens had recently been inspected by the Food Standards Agency and awarded the highest rating.

We observed people as they ate lunch and saw it was a pleasant and social experience. Tables were laid with cloths and serviettes and dressed with flowers. Staff supported people discreetly and coloured plates and specialist cutlery was provided to help people to eat independently. People told us the meals were good, at the right temperature and of sufficient quantity. Comments included, "If you don't want a big meal you can ask for something like a sandwich", "Its lovely and tasty" and "We have a good choice to eat, all nice and fresh."

People's food and fluid intake was monitored, where necessary, to check people were getting enough to eat and drink. People were weighed regularly so staff would be aware if anyone's weight was becoming a concern. If necessary, the GP or Speech and Language Therapists (SALT) were consulted for additional advice and support in this area. The cook was aware of each individual's needs and was able to talk with us about people who needed their food prepared in a particular way to protect them from the risk of choking. They told us this was sometimes provided as a temporary measure if people were unwell. This demonstrated staff were flexible in their approach to preparing food for people in a way that met their changing needs.

The premises were clean and well maintained. Shared areas were large and people could choose to sit in quieter areas if they wished. New flooring had recently been installed in some shared areas. Most bedrooms were en-suite. There were enough shared bathrooms to enable people to bathe according to their preferences. Bedrooms had been furnished to reflect people's personal tastes and preferences. There was limited signage to support people to move around independently and with confidence. For example, not all bathrooms and toilets were clearly marked and bedroom doors were inconsistently marked with some having a number but no name and vice versa. We discussed this with the registered manager who told us there was no-one using the service who needed these additional supports. However, they said they would consider improving the signage in the future. There was a large pleasant garden with seating. Parts had been planted with herbs and other scented plants to provide a sensory experience. Research has shown access to outdoor areas can have a beneficial effect on people's health.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included; "The staff always make me smile", "They really do care, they are lovely", "They always have a chat with me about something or the other" and "It's a lovely caring atmosphere to live in." A relative commented, "The staff are brilliant." We saw a selection of thank you cards that had been received by the service. A typical card read; "You treated [relative] with love and respect."

We witnessed several examples of positive and caring interactions between people and staff. One person was feeling unwell and their pain relief was not effective. We observed a nurse sitting with the person trying to make them more comfortable and encouraging them to eat. They explained they had requested a GP to visit to see if they could prescribe some different medicine to help them. They were caring and attentive in their approach and the person appeared reassured.

People told us they made day to day choices and had control over their routines. We chatted with some people about how the decision had been taken to position a new television in a particular spot. This had clearly been a joint decision involving the regular users of the room. One person was not well positioned to see the screen. The registered manager gently suggested they try a different seat later when they wanted to watch something.

People told us staff respected their dignity at all times, shutting doors and curtains before providing personal care to protect their privacy. Staff knocked on people's doors before entering.

Care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people. We overheard one member of staff chatting with a person about their former work life.

As well as covering people's health needs care plans were in place to reflect what was important to people. For example, we saw information about people's cultural and religious beliefs. Descriptions of routines clearly stated what support people needed with various tasks and what they could do for themselves. This meant staff had the information they needed to support people to maintain their independence.

Good

Is the service responsive?

Our findings

Care records contained information about people's health and social care needs. They covered a range of areas including communication, sight and hearing, nutrition and hydration and mobility. There was guidance on the amount of support people needed with various tasks. There was a robust system in place to help ensure all care plans were regularly reviewed. Staff told us the care plans were relevant and guided them on the support people needed. New staff told us they had been useful when they were first getting to know people.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses or needed written information in large font. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

Some people had been identified as being at risk of deteriorating health. They were closely monitored so staff could identify quickly if their condition worsened. Monitoring charts and records were completed appropriately and provided a clear overview of people's changing needs.

Daily notes were completed to record when people had received any support with personal care and information about their mood and how they had spent their time.

People were supported to take part in various activities. There was a designated activities co-ordinator employed to arrange in-house activities, visits from external entertainers and trips out. An activity programme showed arrangements were in place for a regular art group, an organised quiz and a coach trip. On the day of the inspection visit two members of staff were helping people to create decorations for Remembrance Sunday. As well as organised activities people had access to a range of books, magazines, board games and puzzles. People told us they had plenty to occupy them. Comments included; "There's always something going on most days to keep you occupied", "I love the art and craft days and I'm enjoying making a poppy wreath for Remembrance Sunday" and "The people who do the activities are lovely and jolly."

The service had a policy and procedure in place for dealing with any concerns or complaints. There were no ongoing complaints at the time of the inspection.

Good

Is the service well-led?

Our findings

There were clear lines of responsibility and accountability within the management structure. There was a registered manager in post. 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. A deputy manager had oversight of the residential unit and a clinical lead was based in the nursing unit. A team leader worked across both settings. The management team were supported by nurses and seniors.

There were systems in place to facilitate communication between the service and people and their relatives. A monthly newsletter was circulated. The registered manager told us this could be provided in large font if requested. People were asked for their views of the service. For example, we saw evidence people had been asked their opinions on the meals and provision of activities.

The registered manager told us they enjoyed encouraging staff to develop. They commented; "My interest is supporting and bringing staff on, it's always been my interest." Staff confirmed they were actively encouraged to progress their skills and careers.

Staff meetings were held regularly for the various staff groups within the service. For example, there were separate meetings for nurses, care workers and domestic staff. This meant staff attended meetings that were directly relevant to their role. There were also meetings for key staff members involved in particular areas of the service. A meeting had recently been held to discuss health and safety and infection control issues.

Staff told us they were well supported by the senior management team and other staff and felt valued. One member of staff told us that, when they started work at the service their colleagues were; "A massive support, amazing." Another said; "This manager makes sure everything is done right but is still approachable." We observed one member of the management team supporting staff with advice and clear guidance. As a member of staff went off shift we heard them say; "See you, thanks for today." A nurse told us; "In some places there is a division between nurses and carers, you don't get that here, we work as a team."

The registered manager completed regular audits of all aspects of the service. This included audits of medicines, care plans, supervisions and staffing. A dignity audit tool was used to check aspects of people's experience of the service. Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to display inspection ratings so people and visitors to the service are able to see it. The ratings and previous inspection report were available in the entrance foyer.