

Signature of Camberley (Operations) Limited

Pembroke House

Inspection report

Pembroke House
Pembroke Broadway
Camberley
Surrey
GU15 3XD

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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

The inspection took place on 22 June 2018 and was unannounced.

Pembroke House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Pembroke House provides facilities and services for up to 100 older people who require personal or nursing care. The service is purpose built and provides accommodation and facilities over five floors. A designated area of the service provides care and support to people who are living with dementia, this area is called The Lodge. On the day of the inspection there were 29 people living at Pembroke House. This was the first inspection of the service since registration.

There was a registered manager in post who supported us during our 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.

Sufficient staff were available to ensure staff had time to spend with people and their needs were met in a timely manner. Robust recruitment checks were completed to ensure they were suitable to work at the service. Staff completed a comprehensive induction and training programme to support them in their job roles. Additional training was also available to staff where specific training needs were identified. Staff received regular supervisions and this was monitored by the registered manager. Staff told us they felt supported and that the management team listened and acted upon their suggestions.

Staff understood their responsibilities in safeguarding people and protecting them from potential abuse. Risk assessments identified potential risks to people's safety and management plans were implemented to reduce and monitor these. Accidents and incidents were reported and monitored to ensure any trends were identified and lessons were learnt. People lived in a clean and well-maintained environment which had been designed to consider people's needs. Regular health and safety checks were completed and equipment was serviced as required. Safe infection control procedures were followed by staff and personal protective equipment was provided. The provider had developed a contingency plan to ensure people would continue to receive their care in the event of an unforeseen event.

People had access to healthcare professionals and advice provided was followed. Clinical review meetings were held weekly to review people's healthcare needs. Safe medicines management systems were in place and staff competency in administering medicines had been assessed. People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed and staff understood how this impacted on their role.

People were cared for by staff who showed them kindness and spent time getting to know them. There was

a relaxed and friendly atmosphere throughout the service. People were encouraged to maintain their independence and keep in contact with those who were important to them. Visitors were made to feel welcome and there were no restrictions on the times they were able to visit. People's religious and cultural needs were discussed and supported.

Prior to moving into the service people were involved in an assessment process which ensured the service would be able to meet their needs. Detailed, personalised care plans were in place which provided guidance to staff on how people preferred their care and support. Staff knew people's needs well and worked as a team to provide the care they required. There was a range of activities offered which took into account people's previous interests, hobbies and occupations.

There was a positive and open culture and staff were clear about the aims of the service. Quality assurance systems were in place and action plans developed to address any area which required improvement. People were given the opportunity to share their views and offer suggestions regarding the running of the service and their suggestions were acted upon. The provider had a complaints policy in place and people were aware of how they could raise any concerns.

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.

People were supported by sufficient, skilled staff to meet their needs.

Robust recruitment procedures were in place to ensure that suitable staff were employed.

Staff were aware of their responsibilities in keeping people safe and safeguarding concerns were shared with the local authority.

Risks to people's safety were assessed and plans implemented to minimise these.

Accidents and incidents were recorded and action taken to minimise the risk of them happening again.

People lived in a safe, clean environment.

Is the service effective?

Good ●

The service was effective.

People's rights were respected as the principles of the Mental Capacity Act 2005 were followed.

People were supported by staff who received training and supervision to support them in their role.

Assessments were completed with people prior to them moving to Pembroke House to ensure their needs could be met.

People were provided a varied choice of nutritious food. People told us they enjoyed the food provided.

People had access to a range of healthcare professionals to help them maintain good health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and spent time with them.

People's religious and cultural needs were supported.

People were encouraged to maintain and develop their independence.

People were supported to maintain relationships with those who were important to them.

People's dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained detailed information regarding people's needs and preferences.

Staff were aware of people's individual needs and how they wished to receive their care.

There was a wide range of personalised activities for people to take part in.

People were aware of how to make a complaint and any concerns were responded to.

Is the service well-led?

Good ●

The service was well-led. □

There was a positive culture throughout the service.

Quality assurance processes were in place to monitor the service provided.

People were involved in the running of the service and their suggestions listened to.

Staff told us they felt valued and supported in their roles.

Records were securely stored.

Pembroke 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.

This inspection took place on 22 June 2018 and was unannounced. The inspection was carried out by two inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the care people received and spoke with the registered manager, representatives from the provider and five members of staff. We spoke with six people living at Pembroke House and two visitors.

We reviewed a range of documents about people's care and how the home was managed. We looked at seven care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Pembroke House. One person told us, "I feel safe, particularly at night when there is always someone around. Staff always come around at about 2 am and if I'm awake they will stay and chat." Another person said, "Safe yes, it's hard that life has changed but I know we are safe here and all the staff mean well." One relative told us that knowing their loved one was safe and well cared for had had a positive effect on the family as a whole.

People were protected from the risk of abuse as staff understood their responsibilities in safeguarding people. Staff received training in safeguarding and those we spoke with were able to explain how they would report concerns. One staff member told us, "I know I would report anything concerning straight away and I'm sure all staff would do the same. I wouldn't hesitate to whistle-blow if I needed to." Information was displayed around the service which directed people and staff how to report any safeguarding concerns. In addition, the name of the safeguarding champion for the service was easily accessible. Safeguarding procedures were also discussed during resident and staff meetings. Records showed that any concerns had been reported appropriately.

Risk management plans were in place to keep people safe. Risk assessments were completed in detail and covered areas including mobility, falls, skin integrity, waterlow and malnutrition. Where concerns were identified these were acted upon and guidance provided to staff on how to support the person safely. One person was assessed as being at high risk of falls. Their risk assessment detailed how staff should support the person, that a sensor mat should be in place and staff should encourage them to use their mobility aids more regularly. Staff had discussed the person's foot wear with them to check this was suitable and a pendant alarm had been provided to ensure the person was able to summon assistance at any time. Records showed that the person had not experienced any falls since the risk management plan had been implemented. Where people required the use of catheters, detailed guidance was in place for staff in how to manage their care and minimise the risk of infection. The registered manager told us that there was an emphasis on managing risk whilst continuing to promote people's independence. The PIR stated, 'We have adopted a culture of supporting the residents and helping them make things happen rather than limiting their independence.' An example of this was one person being supported to book and travel independently on a short break. Staff ensured the person had a mobile telephone number so they were able to call someone for assistance if required.

Guidance was in place for staff supporting people with their anxiety and behaviours. The PIR stated, 'The core group of staff on the dementia suite are very stable and are suitably experienced to anticipate behaviours that challenge.' We found this to be the case. One person's records showed that staff had worked alongside the Intensive Support Team and community health services to produce a behaviour management plan. This gave staff guidance on how to approach the person, any possible triggers to their anxiety and the emotional support they required. There was also a life history for staff to refer to in order to know the person's needs, likes and dislikes better. Staff we spoke to were able to demonstrate they were aware of the plans in place to help reduce the risks to the person, staff and others.

Accidents and incidents were reported and reviewed to minimise the risk of them happening again. Staff we spoke with were able to describe how incidents were reported and the importance of doing this promptly. The registered manager reviewed all accidents and incidents and entered them onto a central electronic system which could be reviewed by senior managers at any time. Records showed that where required, action had been taken to minimise the risks to people and to monitor the immediate action taken by staff. Clinical reviews were then completed to track any possible themes or trends. Where required reviews of how incidents were managed were held in order to promote good practice. The registered manager told us, "We have a no blame culture; that was instilled in staff long ago. It's about lessons learnt not whose fault something was." A 'Lessons Learnt' review had taken place following one incident where staff had used minimal restraint to prevent a person from injuring themselves. The review showed that whilst staff had taken appropriate action under the circumstances, they may have been able to do more to prevent the incident. As a result, additional training was provided to staff on how to respond to conflict and support people with their behaviours.

Sufficient skilled staff were deployed which meant people did not have to wait for their care. The provider had systems in place which monitored the amount of care people received in order to determine the dependency needs of people living at Pembroke House. Staff told us they felt there were enough staff to support people. One staff member told us, "As soon as someone's bell rings we can go to them because there are enough of us. We don't have to rush them and they can do things when they want to." A second staff member told us, "I like working here because you can spend so much time with the residents." We observed that people's requests for support were responded to quickly and staff did not rush people. Staff spent time talking and interacting with people which created a warm and friendly atmosphere. The registered manager told us that the service did not use agency staff as permanent staff covered any gaps.

Thorough recruitment practices were followed to ensure staff had the right skills and experience to work at the service. Records evidenced that staff had been recruited safely. Application forms and interview records were completed and references were obtained from previous employers. Disclosure and Barring Service (DBS) checks were in place for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

Systems in place to support people with their medicines were organised and people received their medicines safely. Medicines were stored securely in lockable cabinets in people's bedrooms. A medication risk assessment was completed where people were able to self-medicate and where appropriate, people were encouraged and supported to do so. Each person had a medication administration record (MAR) in place which included a recent photograph, contact details for their GP and a list of any known allergies. No gaps in the administration of medicines were seen and medicines counts were found to be accurate. Where people received their medicines covertly (without their knowledge or consent) guidance for staff was in place and signed by the GP and pharmacy. Topical creams were signed for on administration and body maps had been completed to guide staff on where the cream should be applied. The dates creams and liquids were opened was recorded to ensure they continued to be safe for use.

The environment was clean and infection control procedures were embedded into staff practice. Cleaning schedules were in place and signed off by staff. We found that all areas of the service were cleaned to a high standard. Stocks of gloves and aprons were available for staff to use when supporting people with their personal care. The laundry area was clean and well organised with soiled laundry being separated to minimise the risk of cross infection. The registered manager maintained a log of infections which was regularly reviewed to ensure that procedures in place were proving to be effective.

Regular safety checks were completed to ensure that equipment and services were safe to use. Safety

certificates and service checks showed that equipment and utilities were regularly checked. This included hoists, wheelchairs, passenger lifts, fire systems and equipment, gas, electricity and water quality. A service continuity plan had been developed to ensure that people would continue to receive their care in the event of unforeseen circumstances such as services failure, IT failure or fire. Each person had a personal emergency evacuation plan to advise emergency services of the support they would require should they need to leave the building.

Is the service effective?

Our findings

People's needs were assessed before they moved into Pembroke House so the service could be sure it was able to provide the care that people needed. People told us they were involved in the assessment process and were able to visit as many times as they wished before they moved in. One person told us, "I went to see few places and came back here several times before making the final decision. They were so welcoming here." Assessments were detailed and covered areas including people's past lives, expectations, physical and mental health needs, social needs and background information. Staff told us that the completed assessment was shared with them prior to the person moving in so they knew about the person and the support they would require prior to meeting them.

People were supported by staff with the right skills and experience. Staff received an induction prior to working without supervision and on-going training was provided. Staff told us that prior to working with people they were required to complete training in areas including safeguarding, moving and handling, health and safety, first aid and fire. Staff were then given the opportunity to shadow existing staff in order to learn about people's needs and the running of the service. Staff who were new to care were supported to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives. In addition, records showed that staff received training in areas which were relevant to their job role including dementia care and diabetes. Staff told us they felt the training provided supported them in their role. One staff member said, "The training we have is good. I feel confident in my job." Clinical staff received training to update their skills in areas including wound care, acute illness, tissue viability and end of life care.

Staff received supervision in line with the providers policy. The registered manager maintained a record of when each staff member received supervision and monitored any gaps. Staff told us they felt supervision was useful and helped them to develop in their roles. One staff member told us, "They talk about everything really, how you're feeling, how you're working, any training you need. They tell you about what's good and anything you need to do better. I don't feel there's anything I couldn't say. They are always ready to help."

People told us they enjoyed the food provided and there was always a choice. One person told us, "The food is always good and there are choices but sometimes I long for beans on toast. I would get it if I asked, the staff are excellent, nothing is too much trouble." Another person told us, "The food is very good and if at times you don't like it then they just make you something else." The PIR stated, 'The monthly Food Forum enables resident feedback. It's chaired by the restaurant manager and head chef. In the November 2017 survey, we scored 94% for breakfast, lunch and dinner food choice and quality and 100% on room service and the café.' On the day of our inspection the service was having a themed, 'Around the World' day which included a menu with typical dishes from Barbados. The dining area was decorated to fit with the theme and relevant music was playing. People were encouraged to try a range of different foods and cocktails. It appeared that everyone enjoyed the event and there was an animated atmosphere. Lunch in The Lodge was made to feel a very sociable occasion with both people and staff sitting outside and conversing while people were eating. The staff interactions with the people during this time were very relaxed and pleasant, and encouraged people living at Pembroke House to talk to each other.

People received the support they required to meet their nutritional and hydration needs. People were weighed regularly and referred to their GP where any significant variances were identified. People's dietary needs were shared with catering staff and a reference sheet was available to all staff. This was formatted in bright colours which were coded to enable staff to easily identify people's needs. People requiring their food to be in a soft or pureed diet were offered options and meals were attractively presented. The chef and restaurant manager had recently attended a presentation on dementia care from a leading medical professional to gain insight into supporting people with their nutritional needs. Following the presentation, they were approached to ask if the photographs of the food prepared at Pembroke House could be used as part of future presentations to demonstrate good practice. Where people were noted to be at high risk of malnutrition or dehydration food and fluid was monitored and reviewed. Due to a specific medical condition one person had been prescribed a fluid only diet. Staff monitored the persons diet closely to ensure they consumed sufficient calories and records showed that since commencing the diet the person had gained weight. We observed staff continued to offer the person choices and ensured they were able to sit with others and enjoy their food.

People had access to healthcare services and were supported to manage their health. People told us they received the support they required to access healthcare professionals. One person told us, "I see a doctor if I ask. I've managed to keep my own doctor." Another person said, "I see a physiotherapist and I have improved a little. She comes every three or four weeks and I can walk now, well three or four steps." Records showed that people were supported to access healthcare when required. This included, GP visits, opticians, dentists, chiropodists and speech and language therapists. The registered manager had also liaised with the local dental service to provide training to staff on promoting and maintaining good oral healthcare for people. A number of people living at Pembroke House were able to book their own health appointments and were encouraged to do so. Support was provided to people where required such as helping to organise transport or providing reminders.

The design of Pembroke House was suitable for the needs of people living there. All areas of the service were spacious, allowing people using mobility aids to move around freely. Lifts were available which meant people could access all areas of the service without restriction. People told us they found the cafe within the foyer area a good meeting point to get to know people or to meet up with family and friends. Spacious terrace areas meant that people had access to outside seating. The Lodge had been designed specifically for people living with dementia. The areas were open plan which meant staff were able to keep a close eye on people who enjoyed moving around without intruding on them. In addition to clear signage, colour had been used to denote different areas. The area was brightly decorated with relevant pictures and areas of interest for people to engage with.

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Capacity assessments were appropriately completed for specific decisions such as receiving care at Pembroke House and key padded exits from The Lodge. Documentation showed that staff had worked alongside healthcare professionals and families to ensure that decisions made were in people's best interests. Where required, DoLS applications had been submitted to the relevant local authorities and gave a detailed description of restrictions in place

and the reason behind those decisions. Staff we spoke with were aware of those people who had DoLS applications in place and what these related to. We observed staff ensured people continued to have as much control over their daily lives as possible. Staff obtained people's consent before providing care and support and gave people choices such as how and where they spent their time.

Is the service caring?

Our findings

People told us that staff were caring and knew them well. One person told us, "Staff know I like to get up early. There are two in particular who come in with a cup of tea, they are smiling and we have a laugh. It really starts my day off well." Another person told us, "They (staff) are very kind and always ask how I am and ask if I would like a cup of tea." A third person told us, "It's a very nice place here but it's the staff who make it what it is."

Staff treated people with kindness and compassion. Throughout our inspection we observed staff regularly approaching people to check on their comfort and ask if there was anything they needed. Conversations between people and staff were relaxed and demonstrated that staff knew people well. When introducing us to people staff gave us information that was important to the person to help generate conversation such as where they had lived or places they had visited. Staff understood what was important to people and provided comfort when people were distressed. We observed one person living in The Lodge became upset. Staff offered the person comfort and reassurance, telling them they would not leave them. A second member of staff knew the person responded well to having a particular photo near to them and brought this to them. The person appeared reassured and was soon speaking with staff and smiling.

A number of people living at Pembroke House continue to live largely independent lives. Staff supported people in this area to ensure that they are able to continue with their lifestyle. This included helping people to book train tickets and restaurants, providing transport to shopping centres or other places of interest and supporting people to use technology. During the inspection we observed one person telling staff that they were going out shopping and what time they estimated they would return. Staff checked with the person if they would like a meal on their return. Another person asked staff for help with their mobile phone and this was provided. Staff also encouraged people with higher support needs to remain as independent as possible. We observed staff providing support and direction to people with their mobility. One staff member told us, "It's so important that we keep people going and doing things themselves. I'd never just take over with something because it's quicker."

People's privacy and dignity was respected by staff. The PIR stated, 'The November 2017 Resident Survey, showed that 91% of our residents felt they were treated in a caring and compassionate way and 100% felt we respected their dignity at all times. Families are consistently positive about the care their loved ones receive in the home.' During our inspection staff were observed to knock on people's doors prior to entering. When passing people in corridors staff took time to stop and ask how people were and if there was anything they could do for them. Staff approached people sitting in communal areas discreetly when offering support and were not heard to share personal information where others could overhear them. When staff needed to explain aspects of one person's care to us, they took us to a private area to ensure they were not overheard by others. One staff member told us, "We knock on their door. Close the door and curtains when we're doing personal care and cover them up as much as possible. Conversations we have with them are private unless they are unhappy or it's a complaint."

Staff completed training in equality and diversity and people's religious and cultural needs were respected.

The assessment process included gathering information regarding people's needs and choices in this area to enable staff to access any resources required. Links had been made with the local church and support was offered to people who wished to attend. The service was also streamed from the church into the cinema room so people who were unable to attend could still take part. People were encouraged to discuss any needs or concerns with staff members. For example, posters were displayed in the foyer of the service giving contact details of support groups for people from the LGBT community along with names of staff who people could approach for information and support.

People's rooms and apartments were personalised. The PIR stated, 'All residents have their own apartments with their own front door. They bring their own furniture and belongings, they would liaise beforehand with the Move in Co-ordinator to support them regarding measurements and colours and at the time of move in they may choose to paint their rooms a different colour scheme to suite their furnishings. Personal space is respected, we have Do Not Disturb signs that can be attached to the door handles.' People confirmed this was the case and told us that staff had been very helpful in helping them move their belongings, hang pictures and generally help them settle in.

People were supported to maintain relationships which were important to them. People were able to receive visitors to the service and no restrictions regarding the times people could visit were imposed. We observed people sat with their visitors in the cafe and people told us they were able to invite friends and family to share a meal with them. People told us that staff supported them to use technology to maintain contact with their loved ones. One person who had moved from Pembroke House to their own flat regularly returned to the service to meet with friends they had made.

Is the service responsive?

Our findings

People told us that staff understood their needs and provided the support they required. One person told us, "If I need help staff do come and I don't usually wait. They know my needs but do ask me. If I ask for a cup of tea the staff oblige. I don't have to keep asking." Another person said, "Staff know what they are doing and know what I need them to do. They don't change much so you get to know each other."

Care plans contained detailed information regarding people's care needs and how they preferred their support to be provided. Records showed that areas covered included personal care, mobility, emotional support, communication and night care. Care plans were detailed and personalised and from the style of writing showed that people were involved in their care. Where people had specific health conditions guidance was provided to staff in what support the person required, any signs of concerns to be aware of and if applicable, when to summon medical attention.

People's changing needs were closely monitored and staff worked collectively to respond to people. Care plans were reviewed and updated each month or more frequently if required. In addition, monthly clinical meetings were held where each person's care was reviewed and plans for any additional support required implemented. The registered manager told us, "We talk about every resident and updates over the month. We involve other heads of department as we need to. We would involve activities if social isolation was a concern." Staff told us they felt that the information within care records contained the guidance they required to provide people's care. One staff member told us, "We look at the care plans on the system so we know about the person. Working here you have lots of time to spend with people so you get to know exactly how they like everything and what makes them tick. We can pass anything important on so paperwork is kept up to date."

Although no one currently living at the service had needs relating to end of life care, we saw that people had been asked about any wishes they had. Where people wished to discuss this, plans had been written to ensure staff were aware of the actions people wanted them to take. One person told us, "I've told staff what I want. We can go to funerals if we want to but I haven't been to all of them." The service has worked with the local hospice who provided staff with training on providing end of life care to people and their loved ones. Records showed that the registered manager and senior team had met with the community matron to ensure that staff had the required training and equipment in place to support people at the end of their life and prevent unnecessary hospital admissions. The PIR said, 'When a resident passes away and leaves the home all staff form an honour guard and the Care Manager or favourite member of staff would escort the deceased and the family out of the building. No one would move until the hearse pulls away. It is a very touching and emotional event but helps to give closure after a very difficult time.' Staff confirmed that people present also found this an emotional experience but had described this as respectful to the person who had passed away. People were informed when this was about to happen so they were able to leave the area if they wished.

People had access to a varied activity programme which was designed around their needs, hobbies and interests. One person told us, "Staff look after me well and I can go out if there is someone to take me. I go

to the shops and for coffee and there are choices if I want to join in activities. There's always something to do if you want to." A poster displayed in the communal hall informed people that on moving in Pembroke House activity staff would like to meet with them to discuss the type of things they enjoyed doing and how staff could support them with this. The PIR stated, 'Every new resident is met by the activity Manager to discuss likes, dislike and what types of people they like to meet and socialise with. We have a resident who moved in recently and loves Tai Chi so we swapped one of the movement to music classes for tai chi. This is now well attended by other residents.' Evidence of different clubs designed around people's hobbies were displayed on posters around the foyer area and included a book club which included visits to the local library, film making, cinema club and scrabble. There was also a knitting club where people were knitting squares to make blankets for the local hospital neo-natal unit. One person who required a gluten free diet had brought their own baking equipment and ingredients. They had run baking sessions with people and staff, talking about the use of gluten free products.

Staff also supported people to access community groups to continue their hobbies. One person enjoyed playing a particular sport and staff had found a club which the person now attended on a regular basis. In addition, a variety of group activities were planned including music and exercise, quizzes, cinema nights and visiting entertainers. The registered manager told us that all staff were involved in activities with people. They told us, "I've seen the restaurant manager playing chess and the receptionist going into town shopping with someone. We try to be inclusive and we all work as a team to know people well."

Although separate activity programmes were in place for people living in The Lodge and in the assisted living area, staff told us that a number of activities overlapped to ensure people mixed together and could enjoy each other's company. The living area in The Lodge had sensory activity cushions made from different materials which had tactile elements to them for people to occupy themselves with. There were also various activity options readily available throughout the area such as adult colouring books and puzzles which people could access spontaneously if they wished. We observed staff encouraging people to look through photograph books which they appeared to enjoy.

There was a complaints policy in place and details of how to raise concerns were displayed in communal areas. People told us they would feel confident in raising any issues with the management and felt these would be responded to promptly. One person told us, "If I want to complain I know I can." Another person told us, "The management are so very nice that they would instantly want to put things right if you were unhappy with any element." The registered manager maintained a complaints log which detailed the nature of the complaint raised, investigations undertaken and the response provided. This was then reviewed as part of the quality assurance process to ensure that all required action had been taken and any trends were identified.

Is the service well-led?

Our findings

People told us that they felt the service was managed well. We observed the registered manager had a good rapport with people and spent time talking people throughout the day. From the nature of the conversations heard this was a regular occurrence and everyone appeared relaxed.

There was a positive culture throughout the service and staff understood the ethos of the organisation. The registered manager told us, "It's a very inclusive culture here. We all have our roles but all of us aim to build friendships with residents and help them get the best from living here. We try to include all residents in everything we do." This positive approach was observed throughout the inspection. All staff, including those visiting from head office, knew people's names and stopped to speak with people. There was a light and relaxed atmosphere and people and staff were frequently seen smiling and laughing with each other. Staff we spoke with were able to describe the values of the service and felt the management promoted an open door culture. One staff member told us, "We're here to help them (people) do what they want. If they want to talk then we can sit with them. If they want to go out we sort it. It's about them having a good life." Another staff member said, "We all work well as a team. We're a good team because we have the same aim. If we've got any issues we just go and say something (to the management team) and it gets sorted."

Systems were in place to monitor the quality of the service provided. The registered manager and senior management team undertook a series of regular audits and systems reviews to monitor the quality of different aspects of the service. These included audits of care plans, call bell response times, medicines, staff support and supervision and health and safety. In addition, clinical governance reports were completed monthly covering areas such as falls, pressure sores, infections, compliments and complaints, incidents and accidents. This report was submitted to the provider to ensure that any areas of concerns were reviewed and acted upon. The provider also completed regular audits which looked at all aspects of the service provided. Where shortfalls had been identified from audits an action plan was completed and reviewed in order to ensure improvements were monitored. For example, the registered manager had identified that medicines management systems needed to improve. An action plan as to how this would be achieved had been implemented and a steering group started which included the GP and pharmacy. This had led to improvements in the medication systems and increased staff confidence.

People's feedback regarding the service was valued and suggestions were acted upon. Residents meetings were held on a monthly basis in addition to food and activity forums. People had suggested that the meetings could be used to share information and aid people's understanding in different areas which may affect them. The registered manager had responded by using part of the meeting to cover areas including falls and falls prevention, swallowing difficulties in the elderly and safeguarding and how to seek help. Power point presentations were used and copies of the slides distributed to people following the meeting. People had also commented that printed materials designed by the service could be difficult to read for those with visual impairments. This had been addressed by changing the font and size of the print used and using a yellow background for those people who are short sighted to enhance the print.

A survey of people's views was also undertaken every six months. The results of the most recent survey were

being compiled. The survey completed in November 2017 showed positive feedback from people regarding the service they received at Pembroke House with an overall satisfaction rating of 100%. Comments made by people included, 'I enjoy everything very much! I would recommend this company to anybody!', 'I think the home is really well managed with a great General Manager. (Registered manager) is firm but fair.' And, 'The quality of the staff are absolutely first class.'

Positive links had been established with the local community. Pembroke House is situated in the centre of the town and as such has good access to local amenities which were regularly used by people. Links with the local church have led to people attending various groups there including Melody for the Mind and the U3A. Activities designed to invite people from the local community into the service have been held such as Dementia Friends workshops, coffee mornings and fundraising events. A packed lunch service was offered to any visiting professionals who wish to spend time between their visits. The PIR stated, 'The Café is open to all professionals including the ambulance service, police and fire brigade staff. This interaction in the café makes this the focal point of the home and residents can relieve loneliness by chatting with young and old people within the safety of the home.'

Staff told us they felt valued and supported in their roles. One staff member told us, "We get lots of support here, from the nurses and managers. If we need anything we just ask. They're a good company to work for." Another staff member told us, "You can talk to any of them (management team) and they'll listen." Monthly staff meetings were held and records showed that staff were fully involved in discussions. The meetings were also used to remind staff of key policies and systems within the service such as safeguarding, whistle-blowing, emergency equipment and procedures and access to advocacy services. Minutes from the May staff meeting showed that time had been given to staff reward and recognition presentations. The PIR stated, 'We run a very strong reward and recognition scheme which enables staff to recognise each other's contributions to their own department and the wider departments within the home and also the wider communities across the signature homes. These are deemed to be a thank you.' The provider completed an employee survey on an annual basis. The results of the 2017 survey for Pembroke House showed an overall job satisfaction score of 95%.

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cabinets within relevant offices. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.