Lilena and Pentree Lodge Care Homes Limited

Pentree Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Pentree Lodge is a care home which provides accommodation for up to 15 people with mental health needs who require personal care. At the time of the inspection 14 people were using the service.

At the time of the inspection, the manager at the service had been in post for three months, and was not, at the time, registered with the Care Quality Commission. However an application had been submitted to the Care Quality Commission for the person to be registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected Pentree Lodge on 22 and 23 March 2016. The inspection was unannounced. The service was last inspected in May 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "I feel safe enough," and "Nothing bad has happened here in the last 8 years which is when I first came here." A relative told us "I think Pentree Lodge provides a home where residents are able to feel safe and secure…my son seems to be reasonably happy there." Another relative told us "I cannot begin to tell you how happy I am with the service (my relative) gets, and long may it last. The staff are caring."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had the skills to recognise potential signs of abuse, although some of the new staff needed to receive formal training about recognising and reporting alleged abuse. However staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a satisfactory standard although some of the new staff needed to receive formal training in areas such as first aid, medicines and infection control in line with legal and 'Skills for Care' (industry) standards. Staff members received regular supervision, and staff who had been in post for over a year had received an appraisal.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was enough to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals, although records about whether people needed and wanted support from these services could be improved.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said staff would help them promptly, and we saw staff being attentive to people's needs.

Some activities for people were available, mostly on an individual basis. Most people could go out on their own for example for a walk to the shops. Some people used public transport. Some people did not want to participate in activities. People could have an annual holiday. Some people and relatives thought there should be more activities available.

Care files contained information such as a care plan and these were reviewed. There was however limited involvement of people in the development and review of their care plans and the manager agreed to look at ways to increase involvement.

We were concerned some restrictions were in place around people looking after their own money and cigarettes. Some people received some cigarettes and money, at regular intervals, to help them to manage the limited amounts they had. However there was no records or evidence of consultation with people, or external professionals involved in their care, about the decisions made. There was no evidence that consideration had been given to the legislation and guidance contained in the Mental Capacity Act 2005 You can see what action we told the provider to take at the back of the full version of the report.

People were happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included, "The food is good, there are healthy options and there is a variety which changes from week to week." A relative told us "The staff will always make sure there is a vegetarian option available."

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told by staff that management were, "Really helpful," "Approachable," "Very Friendly," and "Supportive." There were satisfactory systems in place to monitor the quality of the service. The new manager, at the service, had submitted an application to be registered with the Care Quality Commission.

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.

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Requires Improvement

The service was not entirely effective.

People's capacity to consent to care and treatment was not assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support although records to demonstrate what professionals wanted / needed to receive (for example dentists and opticians) could be improved.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date, although processes to involve people in the development and review of their care could be improved.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Some development of activities available to people should occur.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

Pentree Lodge Residential Care Home

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Pentree Lodge on 22 and 23 March 2016. The inspection was carried out by one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert concerned had experience of using mental health services. The inspection was unannounced.

Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the two days of the inspection we spoke with 13 people who used the service. We had contact (either through email or speaking to) with four relatives. We also spoke with the manager and five members of staff. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at five staff files and other records in relation to the running of the service.

Good

Is the service safe?

Our findings

People who lived at Pentree Lodge told us they felt safe. Comments included; "I feel safe here most of the time because of the staff being here," " Yes, I feel safe here…nothing bad has happened here in the last 8 years which is when I first came here," and a relative told us " I think my son is safe there which is the main thing." Another relative told us "I feel (my relative) is safe there….I don't think there is anyone there that is of a particular danger and the majority of the The service had a satisfactory safeguarding adult's policy which staff were aware of. Any safeguarding concerns the service had were promptly reported to the safeguarding authority. Staff either had a record of receiving training in safeguarding adults, or there was a plan to ensure they received the training in the next few months. Staff understood what action they should take if they suspected people were being subjected to abuse. We were told staff would speak to managers, and they had confidence managers would take matters seriously. Staff were also aware they could speak with the local authority or the CQC.

Care plans included risk assessments which identified any potential risks, for example due to people's mental health diagnoses, or physical health needs. There was a record that risk assessments had been reviewed.

The registered provider held money for some people to enable them to make purchases of small items for example, cigarettes and chiropody. Monies were held securely in a safe, and key holding was limited to a small group of staff. Receipts were kept to account for monies received and spent. The administrator regularly checked monies and associated records to ensure accuracy. We checked the records against monies held for people and found these to be correct. One person raised a concern about how their money had been managed. This matter was reported to safeguarding. The safeguarding officer, from the health care trust, said the matter had previously been investigated, and there had been no concerns found.

Incidents and accidents which took place were recorded in people's records. Events were audited by the managers to identify any patterns or trends which could be addressed, and to subsequently reduce people's risk. Where appropriate staff liaised with external professionals regarding any frequent or serious incidents and obtained suitable advice.

There were enough staff available to meet people's needs. We were told, "Yes I feel there is enough staff around the house most of the time. It is very rare for there to be less than two members of staff on." Staff rotas showed there were two members of staff throughout the day and evening. The manager of the service worked, during the day, usually from Monday to Friday. During the night there were two members of staff who slept in, but could be woken by people in emergencies. A cleaner and an administrator were also employed.

The service had a satisfactory recruitment process. Checks completed on staff included references and a Disclosure and Barring Service (DBS) disclosure which checked if the person had any criminal convictions. If someone did have a conviction, the registered persons assessed whether the person represented a risk to people, and whether it was appropriate to employ the person or not.

Medicines were stored and administered safely. Staff were aware of what medicines people needed to take and when. Suitable systems were in place if people self-administered their medicines. People told us they received their medicines on time and staff always ensured there was a satisfactory supply of medicines from the pharmacist. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and dispose of medicines. No medicines which required either refrigeration or needed to be kept more securely were currently prescribed. Training records showed staff who administered medicine had been suitably trained and the manager told us no staff were allowed to handle medicines until they had received suitable training.

The environment was clean and well maintained. One person told us, "We have a cleaner here, she comes every day and she is very good at her job. It is very clean here." The boiler, portable electrical appliances, gas appliances and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment. There was a policy, and system in place to minimise the risk of Legionnaires' disease. The electrical circuit had last been tested in 2009. Regulations state this should be re checked every five years. The owner of the service said she would arrange to have the circuit tested. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

Requires Improvement

Is the service effective?

Our findings

We had concerns that the arrangements in place for people to consent to care and treatment was not assessed in line with legislation and guidance. 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 people lack mental capacity to take particular decisions, any decisions 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.

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 were being met. We had concern about systems in place for people to manage their finances, handle their cigarettes, and the use of energy drinks.

Some people had their cigarettes handed out by staff at specific time intervals. This was because if people had their own cigarettes they would smoke them all at once, and subsequently run out. These people did not have enough money to smoke as much as they wanted to, and running out of cigarettes would result in people being agitated. Some people also had problems managing their limited monies for example to purchase cigarettes, toiletries and so on. We were concerned that people had been told they could not purchase energy drinks, and if one person persisted in doing so they could have their license agreement terminated. The manager said the reason for this was the person drank too many of these which impacted on their mental health. People told us they accepted or agreed with the restrictions in place, and did not feel overly restricted. However, there was no evidence on people's files of any capacity assessments completed about the restrictions in place, how people were involved in the decisions made, or if external professionals involved in people's care had been consulted.

Within people's care plans there was no reference to people's mental capacity in the different aspects of their lives. There was also no evidence of mental capacity best interest discussions or whether applications to the local authority about Deprivation of Liberty Safeguards were necessary.

We checked records of staff training about the Mental Capacity Act 2005, and associated Deprivation of Liberty Safeguards. Records showed staff had either received training or there was a plan in place for staff to receive training. We spoke to staff about their understanding of the principles of the Mental Capacity Act, and Deprivation of Liberty Safeguards. The staff we spoke with told us they had received on line training about these issues. We were told "People have the same rights as me," but the staff we spoke with could not provide any further detail about people's rights and staff responsibilities.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We checked what induction and training staff had received to carry out their roles. New staff had an

induction to introduce them to their role. This included the manager explaining policies and procedures and staff completing shadow shifts with more experienced staff. The manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate helps ensure all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

A relative said staff were, "Supportive and caring," and "Seem well trained and knowledgeable." Training records showed that staff had either received enough training or there was a plan in place for staff to receive it. There had been a significant amount of staff changes in the last few months. This meant new staff needed to receive some of the training required by the service. Records showed that people had or were due to receive training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. Some staff had received specific training about people with mental health needs, and /or tailored their diploma or National Vocational Qualification (NVQ's) in care, around people with mental health needs. The manager was looking for further training for staff to equip them with further knowledge of people with mental health needs.

Staff told us they felt supported in their roles by colleagues and senior staff. One member of staff told us "Management will always help if they can." There was a system of staff receiving individual formal supervision with a manager. Supervision sessions were documented and records showed all staff had received supervision in the last three months. Staff also said they felt confident approaching senior staff if they had any queries or concerns.

People were generally happy with their meals. The comments we received included, "The food is alright, there could be some more involvement but I am happy with the set meals," "The food is okay. The staff ask us what we want to eat," "The food is good, there are healthy options and there is a variety which changes from week to week." A relative told us, "The staff will always make sure there is a vegetarian option available." Special dietary needs were catered for; for example someone told us, "I am a diabetic so the staff gets me sugar free foods." Everyone said they always had enough to eat and drink and staff knew individual's likes and dislikes. The meals available for the day were displayed in the hallway.

People told us they could see a GP if requested. One person told us "If I request to see a GP I do not have to wait a very long time." We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations did not always state when a person last saw, for example, a dentist or an optician, or if the person wished or needed a specific service.

The service's environment was maintained to a satisfactory standard. The front of the house looked in need of redecoration, but the interior of the home was well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People with a physical disability could be accommodated on the ground floor of the home. There was 'walk in' shower facility which could be used for someone who used a wheel chair.
People told us they liked their bedrooms and these were always warm and comfortable. There were two lounges, a dining room, and a smoking room where people could spend time together. One person told us "I like the spaces in the house, like the conservatory, to generally chill out."

Good

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "The staff here are good. They are polite and friendly," "The staff are alright but sometimes they can be a bit strict. It can be bossy," "The staff are alright. I have been here for 24 years since it opened. I have enjoyed being here," and "I like the staff here, they talk to me with respect." Relatives told us; "The staff seem to be very nice and caring," and "I can't fault the staff they always treat me and (my relative) with respect from day one."

We saw staff worked in a professional, patient and caring manner. Staff said they had no concerns about colleagues' practice, and felt staff were caring. Staff said they would challenge their colleagues if they saw any poor practice, and they said management would take appropriate action if any member of staff was unprofessional or acted in an abusive manner.

The people we met said they received enough support with their personal care. People said they were happy with how the care and support was given, and did not want any changes. People were able to make choices about their day to day lives, for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time alone in their rooms or out in the community. People told us they chose what time to get up and go to bed, and how they spent their day.

People told us the staff enabled them to be as independent as possible. People were able to go out on their own, encouraged to use public transport, and encouraged to help with household tasks such as cleaning or making meals. On person told us " I like cooking now. I get to cook twice a week. I enjoy it and build skills at the same time." People said their privacy was respected. For example, people said they did not think their care, or other people's care, was discussed in front of others.

Care plans contained enough information so staff were able to understand people's needs, likes and dislikes. However people said they had not been involved in developing their care plans. For example we were told; "I have a copy of my care plan. I can't remember if I helped make it but I remember signing it." The manager told us when people moved in the allocated keyworker would discuss the person's needs with them, the keyworker would then discuss these with the manager, who would subsequently write the care plan. There also was no evidence of people being involved in the review of their care plans, and the manager agreed to look at ways to increase people's involvement in the care planning process.

People said their privacy was respected. For example, staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. People were said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also one of the lounges, if they wanted to meet with visitors. One person said "My mum visits roughly once a week. Staff always make sure there is somewhere for me to see her if I want privacy."

Good

Is the service responsive?

Our findings

People were satisfied with the care they received from staff. We were told staff were; "Alright, I get on with them all," "Nice," and "Very nice." We saw staff acting in a kind and considerate manner. People said if they needed help staff always helped them promptly.

Before moving into the home the manager told us senior staff went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before admission. The manager would also, where possible, obtain copies of assessments completed by social workers and the health care trust.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with individualised care. Risk assessments were also kept on each person's file for example to minimise any risks in relation to people's physical and mental health care needs.

There was some evidence of reviews of care plans, although the frequency seemed to be determined by care need changes, rather than within specific periods of time. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

We received mixed views about activities provided at the service. One person said, "There is not much activities to do. I read, watch TV, eat and sleep. I go to the shop to get smokes but that is about it," and another person said, "There are some activities like swimming and yoga, but I have not been, and we have not been on an outing in ages." A relative said, "I would like there to be more activities and rehabilitation, and help to stop smoking. There is not enough exercise," and another relative said, "They provide a safe, caring environment but I think more could be done to provide stimulating activities and to help residents with interesting things to do…There also needs to be more social interaction with the outside world." Others said, "I got an occupational therapy job. It is a voluntary role. It is only twice a week. I enjoy gardening they do there," "The staff take me into town once a week," and a relative said, "I know (person) goes to church as that is something they really like to do. I feel the home has been responsive in that sense."

The manager said many people were happy, "to do their own thing," and some people were difficult to motivate. They told us some people were involved in household activities such as helping with the shopping, cooking and cleaning. People could have an annual holiday. The added many people did have individual, or group activities such as going to specific groups for people with mental health needs such as a women's group and coffee mornings, attending an arts group, going to the cinema and out for meals. The service also had a volunteer who went out with people on a one to one basis.

People said if they had any concerns or complaints, they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered provider and the manager of the service. For example, people told us the manager and owner were approachable. Staff told us managers were supportive and helpful. For example, staff described managers as, "Really helpful," "Approachable," "Very Friendly," and "Supportive."

People said there was a positive culture at the service. For example we saw a lot of positive interactions between people and staff, and staff were seen as being caring and friendly throughout the inspection. Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. People, and staff said communication within the service was good.

The service had a clear management structure. The owner visited the service regularly and was in regular contact with the manager and staff electronically and by telephone. The manager was supported by senior support workers. A senior member of staff was always on call out of office hours, including at the weekends.

We saw the manager working with less senior staff in a constructive and professional manner. We were told some staff had left over the previous few months, and there were several new staff within the team. We were told although the current team was still developing, morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the manager.

The manager monitored the quality of the service by completing regular audits of care records, medicines, health and safety, training provision, accidents and incidents. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive. There was an annual development plan to develop the service further.

The manager ensured there was a range of meetings to encourage communication. We saw copies of minutes for residents, staff and management meetings.

At the time of the inspection, the manager had been in post for three months. An application had been submitted to the CQC for the manager to be registered with us. The manager was due to be interviewed with the CQC in April 2016. The registered provider had ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been complied with.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service had unsatisfactory systems in place to assess and respond to the Mental Capacity Act 2005