

HC-One Limited

# Pendleton Court Care Home

## Inspection Report

22 Chaplin Close  
Chaseley Road  
Salford  
M6 8FW  
Tel: 0161 7439798  
Website: [www.hc-one.co.uk](http://www.hc-one.co.uk)

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# Summary of findings

## Overall summary

Pendleton Court is part of the Four Seasons care group. Pendleton Court is situated in Salford and provides accommodation and nursing care for 58 people and was fully occupied on the day of the inspection.

The home is a large converted house situated in an elevated position at the rear of a residential estate. The home is set in mature gardens. Accommodation is on two floors in single en-suite rooms. A passenger lift provides access to each floor. The home is within walking distance of a local park and shops. There is parking for several cars to the front of the property. The home is close to local bus routes in to Manchester city centre as well as Salford and Eccles.

The manager is currently in the process of applying to the Care Quality Commission (CQC) to register as the manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibilities for meeting the requirements of the law with the service provider.

Prior to our inspection we also spoke with staff from the local authority commissioning team to ascertain their views about the service. They told us at this time there were no concerns.

We found the care plans provided information about the individual's needs of people and directed staff in the safe delivery of people's care, support and nursing needs. We saw the care plans were safely and securely stored ensuring that confidentiality was maintained.

The staff worked closely with health care professionals so people's current and changing needs could be met.

Suitable arrangements were in place with regards to protecting people from abuse or unlawful practice. Staff worked closely with other agencies so people's emotional, physical and health care needs were safely met.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Whilst no applications have been submitted, proper policies and procedures are in place.

Positive comments on the quality and care of the service were received from people who use the service, people acting on their behalf and other visiting healthcare professionals.

People were offered a range of activities both in the home and in the local community, offering variety to their day. The home had a number of pets living at the home including birds, rabbits and cats. People to help take care of the pets if they wished to do so.

Robust recruitment policies and procedures were in place to check applicant's suitability for working at the home.

Staff received ongoing training in areas of care and support relevant to their roles. This helped ensure staff could meet the individual needs of the people they cared for.

We were told staffing levels were assessed to make sure sufficient numbers of staff were available to meet people's needs. However people spoken with told us they felt staffing levels could be improved.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found the homes medication arrangements did not protect people against the risks associated with medicines administration. This meant people may not receive most benefit from their medicines because medicines were not always given at the best time for example with food.

People we spoke with told us they felt safe living at Pendleton Court. They said they could not have better care than that provided by the staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the service provider to be meeting the requirements of the Deprivation of Liberty Safeguards. Whilst no applications had been submitted, proper policies and procedures were in place to support staff should these be required to be made in the future if necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one to the relevant authority. Staff were provided with training in areas such as adult safeguarding, Mental Capacity Act 2005 (2005), and Deprivation of Liberty Safeguards (DoLS). This helped to ensure people's rights were protected.

The manager told us no applications to deprive a person of their liberty had been requested. The manager was able to clearly demonstrate what action they would take and as such they acted in accordance with legal requirements ensuring people's human rights were protected.

Relevant information was obtained and appropriate checks were carried out when employing new staff helping to ensure that only suitable people were appointed.

### **Are services effective?**

We spoke to two people living at the home and also with two visitors who told us they felt staff listened to their requests and responded accordingly. We saw people making decisions about their daily routine, for example whether they wished to join in activities and in their choice of meals.

People's care needs were assessed prior to moving in to the home to ensure that their individualised needs could be met by staff. Any specialised care, such as dietary, mobility and equipment needs had been assessed and reflected in the care records. People we spoke with and their relatives confirmed they had been involved in writing

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their care records that these reflected their current needs. Where necessary staff sought support and advice from external health care professionals so any changes to people's care needs could be addressed.

The layout of the building enabled people to move freely and safely around the home. There was lift access to all floors. People who used the service and visitors confirmed they were able to see relatives in private if they wished. The home also had a large foyer area which was equipped with comfortable seating and a café area where people could have drinks and refreshments.

Systems were in place with regards to staff training. Records were available to show what individual training staff had completed. Staff spoke with confirmed they received training relevant to their role. Staff told us they also received supervision sessions with their manager and team meetings were held on a regular basis to discuss events within the home.

## **Are services caring?**

We noted positive and kind interactions between staff and people who lived at the home. Staff spoken with had a good understanding of people's care needs and were aware of their personal choice and preferences.

At the time of our inspection staff were completing modules of the 'Open Hearts and Minds' dementia training which provided them with the skills and knowledge to deliver kind, individualised care for people with dementia and for people whose behaviour at times could challenge the service.

The 'Six Steps' programme was in place at the home to ensure end of life needs could be met. The 'Six Steps' programme is designed to provide quality care at the home when people are nearing the end of their life. This enabled them to remain at the home to be cared for by people they were familiar and comfortable with.

The home worked closely with healthcare agencies so the needs of people were appropriately met.

Individual care records were in place for people who lived at Pendleton Court. Daily records and monitoring sheets were completed so that any changes in needs could be monitored and addressed.

## **Are services responsive to people's needs?**

We were told by the manager when people arrived at the home they were introduced to staff who would be caring for them. Where possible staff discussed with people their needs, wishes and

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preferences. For some people it was difficult to collate this information and family were asked to assist. This was confirmed by people who lived at the home and their relatives. We spoke with an advocate who acted on behalf of one person who also confirmed they were consulted about any decisions which were in their client's best interests.

The home had a large foyer with comfortable seating and a café area. The foyer was the 'hub' of the home and a good meeting point. We saw a range of information displayed in the foyer. Information detailed what people could expect from the service, the staffing arrangements, policies and procedures including the complaints process.

People using the service knew how to make a complaint and felt confident that their complaints would be listened to and acted on. We saw evidence of positive feedback from relatives in the form of thank you cards. We saw a range of activities were available for people to participate in should they wish to so.

We saw that care records were up to date, individualised and had been reviewed on a regular basis. We saw the care records contained clear and concise information about people's current and changing needs. Where necessary we saw the manager and staff had contacted relevant health care professionals such as the dietician, optician, podiatrist and the district nursing team. The home had access to a designated advanced nurse practitioner. This is a qualified person who works with local doctors who had patients at Pendleton Court. This reduced the need for people to attend some external medical appointments.

## Are services well-led?

The manager of the service was currently applying to CQC to become registered as the manager of Pendleton Court. The manager had been sent on relief by the company to manage the home as the previous manager had left the service.

We received some comments from staff regarding the management of the service. Some staff told us they felt the manager's approach was sometimes 'rude and abrasive'. Staff acknowledged more paperwork had recently been introduced but agreed they probably should have been completing this anyway. Another member of staff said they did not feel supported by the manager and would not go directly to the manager if they had any concerns they would raise them with the team leader.

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We discussed these comments with the company's representative and asked them look into issues raised. They confirmed the manager had been sent to Pendleton Court at short notice and the manager had a lot of 'picking up the pieces' to do and was dealing with matters that had been neglected previously.

Systems were in place for the monitoring and reviewing of the service. Audits were completed on a monthly basis by the manager and senior staff. Where improvements were needed, action required was identified and then followed up by the management team to monitor the improvements. The organisation's quality assurance manager also visited the home on a regular basis and undertook audits of all areas. These too were recorded and their findings shared with the manager.

# Summary of findings

## What people who use the service and those that matter to them say

During our inspection we spoke with eight people who lived at Pendleton Court, five relatives, seven members of staff and the advanced nurse practitioner linked to the home. People spoken with told us, “The carers are lovely and very caring, I can’t fault them”. Another told us they felt safe and that staff always checked when they were in their rooms to make sure they were alright. All the people we spoke with told us the staff respected their privacy and dignity at all times.

Some of the people who lived at the home and also their relatives told us that they felt staffing levels could be better, particularly at weekends. Staff spoken with also expressed at times they felt there were not enough staff on duty to cover all the duties they were expected to do and that it could compromise safety and standards of care.

The healthcare professional spoken with told us, “It’s a great home, it’s one of the best I visit and the improvements to the environment have made a big difference”. They felt the nursing staff were very competent but the service would benefit from having more nurses due to the clinical needs of some of the people who lived at the home.

One person told us their relative’s health and general well-being had greatly improved since they moved into the home.

# Pendleton Court 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 provider was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited Pendleton Court on 23 April 2014. We spent time speaking with people and their visitors as well as observing care in the lounges and dining areas. We looked around the home, including some bedrooms and the communal areas. We observed the care and support and how staff interacted with people who lived at the home.

We spent time looking at records which included people's care records, staff personnel files and records relating to the management of the home and the monitoring of the service delivery.

The inspection team consisted of two inspectors from the Care Quality Commission (CQC), a CQC pharmacist 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 service.

The last inspection at Pendleton Court was carried out by CQC on 10 April 2013 and all standards inspected were found to be meeting the national standards.

Before our inspection, we reviewed the information we held about the home. The provider sent us a completed provider information record (PIR). This provided us with information about the service including notifications, staffing, the environment, compliments and complaints.

We spoke with the manager, the quality assurance manager, eight people who lived at the home, five relatives, seven members of staff and one healthcare professional. No comments were received from the local authority commissioning team.



# Are services safe?

## Our findings

On examination of people's records we saw that 'Advanced Care Planning discussions' and 'Allow a Natural Death' documentation had been put in place. These records provided staff and health care professionals with information about people's wishes related to the end of their life. We were told by the manager these were completed by relevant health practitioners together with the person, their family and staff from the home. On some records we saw people had not been consulted with as they had been assessed that they 'lacked the capacity' to make the decisions for themselves. In these situations family members had been consulted.

We spoke with a visiting health professional about the implementation of these records. We were told formal assessments of capacity were undertaken. Reviews were completed to ensure the decision in place was still relevant. This demonstrated the home worked in partnership with people and professionals ensuring people's rights and choices were protected.

We looked at the personnel files for three staff employed to work at the home. We saw documentation to show criminal records checks carried out by the Disclosure and Barring Service (DBS) were completed. Further checks were undertaken on nursing staff with confirmation of their current Nursing and Midwifery Council (NMC) registration. Other records included an application form, written references, identification, interview records and contract of employment. On one file we found no interview record to evidence the decision about the suitability of the candidate. We were told this information had been lost/ misplaced following the changes within the management of the service.

We looked at the staffing levels provided at the home. People were accommodated on three floors. We were told in addition to the manager, the team comprised of a deputy manager (at the time of our inspection the post was vacant), senior care staff, carers, an activity worker and ancillary staff. Designated staff were identified to work on each of the floors.

During the inspection we spent time observing how staff interacted with people and supported people in their care. We also spoke with people, their visitors, staff and health and social care professionals. All of the people we spoke with told us staffing levels could be improved. We were told whilst staff were 'very caring' they were 'very busy' and did not always have the opportunity to spend time with people. People felt additional nursing staff were required at core times due to the current needs of people. We saw a large number of people preferred to spend time in the privacy of their bedrooms as opposed to the communal areas. Ancillary staff were asked to 'supervise' communal areas whilst care staff were supporting people in other areas of the home.

We discussed our findings with senior managers. We were told the 'winter bed' placements from Salford Royal hospital to cover winter beds shortages on the nursing unit were due to stop. It was expected this would reduce the volume of work on the unit. Managers stated on some days two nurses were identified on the rotas so additional support could be provided. We were also told staffing levels were determined using a 'dependency tool'. Individual dependency assessments were completed for each person and used to calculate staffing levels for each floor. The provider should consider the accuracy / effectiveness of these assessments ensuring this reflects the current and changing needs of people so that sufficient staffing levels are provided at times to meet the social, emotional and physical needs of people.

# Are services effective?

(for example, treatment is effective)

## Our findings

Two of the people we spoke with and two relatives told us they felt staff listened to their requests and responded accordingly. For example one visitor who acted on behalf of one person at the home had raised some issues with the manager and these had been addressed in a timely manner. People told us about the planned activities at the home and that it was their choice to join in or not.

The layout of the building allowed people to move freely around the home. There was adequate space for people with walking aids or people in wheelchairs to mobilise safely around the home. People had easy access to the gardens and grounds.

People's orientation needs were taken into account in that there was appropriate signage evident around the home, to make it easier for people to identify communal areas, toilets, bathrooms and bedrooms. Doors were also colour coordinated to help orientation.

We saw people's needs had been assessed and their care records written detailing how they were to be supported.

Any specialised care related to dietary needs, mobility and equipment required had been assessed and recorded in the care records. Other information in the care records included risk assessments for moving and handling, pressure care and the use of bed rails. A daily record sheet was completed by staff throughout the day to ensure that that was a record demonstrating how people's support needs and general wellbeing were met. Care records had been reviewed and had been updated as required to reflect changes to people's care needs.

Where necessary staff sought support and advice from external health care professionals, for example from the speech and language team, dieticians and district nurses.

We spoke with staff who confirmed they had completed an induction programme on commencement of their employment. The induction programme included adult safeguarding, infection control, fire safety, moving and handling. We were provided with information which identified what training staff had completed and when refresher updates were due to be undertaken.

# Are services caring?

## Our findings

We spoke with eight people who lived at the home. People told us they thought the staff were caring and attentive. People said they were treated with respect and kindness.

We noted positive and kind interactions between staff and people who lived at the home. There was a friendly rapport between staff and people who lived at the home. Staff spoken with had a good understanding of people's care needs and were aware of their personal choice and preferences including likes and dislikes, choice of meals and if they wished to eat their meals in the dining area or in their own bedrooms.

We were told by people who lived at the home that the staff respected people's privacy and dignity when supporting them with personal care. For example personal care was carried out in the privacy of people's own room or bathroom with the doors closed. We were told staff had undertaken training in respecting people's privacy, dignity and kindness.

Pendleton Court cared for a number of people who were living at the home with dementia. We were told staff were completing modules of the 'Open Hearts and Minds' dementia training which will provide them with the skills and knowledge to deliver kind, individualised care for people with dementia and for people whose behaviour at times could challenge the service.

The 'Six Steps' programme was in place at the home to ensure end of life needs could be met. The 'Six Steps' programme is designed to provide quality care at the home when people are nearing the end of their life. This enabled people to remain at the home and be cared for by staff they were familiar and comfortable with.

The home worked closely with healthcare agencies in order that the needs of people were appropriately met. During our inspection we spoke with a member of the healthcare team who visited the home regularly. They said staff contacted them when necessary for advice and support, that there was good communication with the team and staff took appropriate action when needed.

Individual care records were in place for people who lived at Pendleton Court. Daily records and monitoring sheets were completed so any changes in people's care needs could be identified and amendments made to the care plan if required.

We saw people had access to all NHS entitlements. We were told weekly GP and healthcare support was provided at the home. This reduced the need for people to attend external appointments and prevented unnecessary admissions to hospital. Those people placed at the home on a temporary basis as part of the 'winter bed programme' had access to additional health care professionals, such as occupational therapists and physiotherapists, to support them in their rehabilitation prior to returning to their own home.

Records examined showed other support services were accessed when required by people living at the home. These included; social workers, dementia nurse, dietician, podiatry, district nurses and opticians. During our inspection the optician visited the home carrying out eye tests for a number of people.

We were told in the event of an emergency where a person was required to attend hospital, staff would provide an escort where necessary if a family member could not attend. Relevant information about people's medication and specific health needs would be shared with staff at the hospital so that people received continuity in their care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

During our inspection we observed staff were aware of people's needs and preferences and responded swiftly and efficiently when assistance was required. Some people who lived at the home were not able to verbally express their preferences with regard to care, support and choice and relied on the staff to help assist them with decision making. For example staff were involved in showing people the choices available at meal times and also consulting them about their clothes when assisting them with dressing.

Other people spoken with told us they made their own decisions about times of rising and retiring, where they spent their day and with whom and whether they wished to join in any of the activities. People had the choice of where they had their meals. We were told staff encourage people to eat together in the dining room to encourage social interaction. Some people preferred to take some or all their meals in the privacy of their own room and this was arranged by staff.

We were told by the manager that prior to people moving into the home, an assessment was completed to ensure staff could meet their individual needs and expectations and that Pendleton Court was an appropriate placement. We saw evidence of the completed assessments in the care records we looked at.

The home had a large foyer with comfortable seating and a café area. The foyer was the 'hub' of the home and a good meeting point. We saw a range of information for people to read detailing what people could expect from the service

and the staffing arrangements at the home. This was known as a Service User Guide. We saw information explaining the complaints process and how and who to contact if people had any worries or concerns.

We also saw a number of compliment cards from relatives. Some of the comments included: 'A big thank you for all the lovely care you gave to my relative and the support you gave to me and my extended family'. Another said, 'Thank you for so much for all your care and support, it is greatly appreciated'.

We spoke with the activity coordinator who told us they tried to encourage and include as many people as possible to participate in the planned activities. We were told sometimes planning a trip out was difficult due to lack of carer volunteers. The weekly activities were displayed on an activity board using pictures to assist people who had difficulty in translating the written word. A range of activities were available including arts and crafts, trips out to the seaside shopping, pub lunches, visits to some of the company's other home and tea dances. The home had the use its own mini bus so transport was readily available.

We were told people's spiritual needs were met by visits to the home by local clergy. Some people were able to attend Church.

We saw individualised care records were in place for people who lived at the home. People spoken with told us they had been involved in the planning of their care and had been given the opportunity to make decisions and choices. Relatives spoken with told that where necessary, they had been involved in some decision making to ensure their family member received safe and appropriate quality care.

# Are services well-led?

## Our findings

The manager of the service was applying to the CQC to become registered as the manager of Pendleton Court.

We received some comments from staff regarding the management of the service. Some staff felt the manager's approach was sometimes rude and abrasive. Staff acknowledged that more paperwork had recently been introduced but agreed they probably should have been completing this anyway. Another member of staff said they did not feel supported by the manager and would not go directly to the manager if they had any concerns they would raise them with the team leader.

We discussed these comments with the company's representative and asked them look into issues raised. They confirmed the manager had been sent to Pendleton Court at short notice and the manager had a lot 'picking up the pieces' and dealing with matters that had been neglected previously.

Staff told us at times staffing levels particularly at weekends were low and that staff were 'borrowed' from other floors to help cover. This was discussed with the manager and the company's representative who told us numbers of staff on duty depended on the assessed needs of people and did not feel that staffing levels were low.

The healthcare professional we spoke with told us they felt more qualified staff would benefit the service. They said they had no issues regarding the qualified staff, they were very competent.

Prior to our inspection we asked the local authority who are the commissioners of the service for their views about the service provided at Pendleton Court. They confirmed they had no issues or concerns about the service at the time of our inspection.

Systems were in place for the monitoring and reviewing of the service. Audits were completed on a monthly basis by the manager and senior staff. These included areas such as; infection control, falls, care plans, medication, nutrition and health and safety. Where improvements were needed, action plans were identified and then the actions were followed up the following month to monitor improvements. The quality assurance manager also visited the home on a regular basis and undertook audits of all areas. These too were recorded and their findings shared with the manager.

The company's Quality Assurance Manager and Service Quality Inspector supported the home through regular visits and identified and records any actions required. This ongoing assessment of service provision ensured the service was constantly developing in accordance with internal standards and external regulations.

We were told satisfaction surveys were distributed to people who lived at the home and their relatives so that they could provide feedback about their experience and provide any comments they may have.

We saw a random sample of maintenance certificates and checks to main services and equipment were carried out. This ensured people who lived at the home, staff and visitors were kept safe.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 13 (1)(b)(i)(ii) HSCA 2008 (Regulated Activities) Regulations 2010.</b>Management of medication.</p> <p>How the regulation was not being met: We found the home medicines arrangements did not protect people against the risks associated with medicines.</p>