

Pelham Lodge Residential Home Ltd

Pelham 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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 October 2016 and was unannounced.

Pelham Lodge is a care home located in Gravesend in Kent. It is registered to provide care and accommodation for up to 10 older people some of whom have dementia care needs. The home also provided palliative care, which is care for people who have a terminal illness.

On the day of our inspection, the service was fully occupied with 10 people living there. People were accommodated in a large house, in single rooms with en-suite facilities. There was a garden and patio area for people to relax during suitable weather.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the CQC 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.

Staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare. Medicines were managed and handled safely for people. Arrangements were in place to keep people safe in the event of an emergency. The service demonstrated good practice with regards to the administration, recording, auditing, storage and disposal of medicines. People were supported to take their medicines on time and medicine records were up to date.

There were sufficient staff to meet people's needs. Staff were attentive, respectful, patient and interacted well with people. People told us that they were happy and felt well cared for. Risk assessments were in place about how to support people in a safe manner.

Staff undertook training and received supervision to support them to carry out their roles effectively. However, we noted large gaps where supervision meetings with staff, had not taken place. We made a recommendation for the registered manager to establish more robust systems to ensure staff received appropriate support and professional development.

People were supported to consent to care and treatment. The service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff training records showed they had attended training in MCA and DoLS.

People's needs were assessed before they moved in to the service. The care plans were person centred and tailored to meet their needs. Care plans were regularly reviewed to reflect people's changing needs. People were encouraged to develop and contribute to their care plans wherever possible. People were supported to maintain good health and had access to health care services when it was needed. People received a

nutritionally balanced diet to maintain their health and wellbeing.

People and staff told us they found the registered manager approachable and that they listened to them. People felt comfortable sharing their views and speaking with the staff if they had any concerns or complaints. The provider sought feedback about the care provided and monitored the service to ensure that care and treatment was provided in a safe and effective way to meet people's needs.

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. Procedures and risk assessments were in place to ensure people were kept safe.

The service stored and administered medicines safely.

The service had whistleblowing and safeguarding procedures in place. Staff understood how to identify and report abuse.

Staffing levels were sufficient to ensure people received appropriate support to meet their needs. Staff were recruited safely and appropriately.

Is the service effective?

Good ●

The service was effective. Staff were supported in their roles and received training. We made a recommendation for staff to have more regular supervision meetings.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager and staff.

People were supported to eat and drink healthy and nutritious meals that met their dietary needs. People had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring. People were happy at the service and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive. People's individual choices and

preferences were discussed with them.

We found that people's records were kept up to date, reviewed and amended to reflect people's ongoing and changing needs so people received the care they needed.

People using the service were encouraged to express their views and there was a complaints procedure.

Is the service well-led?

Good ●

The service was well led. Staff and people found the registered manager to be approachable and sensitive to people's needs.

Staff were provided with guidance and support from the management team.

Quality assurance and monitoring systems were in place and included seeking the views of people, relatives and stakeholders.

Pelham 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 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 undertook an unannounced comprehensive inspection of Pelham Lodge on 11 October 2016. This service was last inspected in November 2013, when they were compliant with the regulations we checked

The provider completed a Provider Information Return (PIR). This 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. We also looked at all the other information we held about the service, including previous reports, complaints, safeguarding alerts, monitoring information from the local authority and notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four people who used the service and three relatives. We spoke with the registered manager, a senior care worker and two care assistants. We observed care during the day including a lunch service.

We looked at six care records and five staff recruitment, supervision and training records. We also looked at audits, medicines records, accidents & incident records, training and safeguarding information and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt safe and that they got on well with staff. One person told us, "Yes I feel very safe here." Another person said, "It's lovely, a very safe place to live." We spoke with relatives who thought the service was safe and that their family members were happy living there. One relative said, "It is an excellent service. Very safe and caring." Another relative told us, "It's a very welcoming and safe care home. The staff and manager are very friendly and nice."

The service had appropriate guidance and practices in place to ensure people were safeguarded from the risk of abuse. Staff were able to explain what constituted abuse and the action they would take to raise any concerns with the registered manager. One member of staff told us, "I would inform my manager and we would notify the safeguarding team." Another staff member said, "I would report it immediately and follow our procedures." We saw that safeguarding training had been delivered to staff. The registered manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues.

The service had a whistleblowing procedure which provided staff with reassurance of their rights and responsibilities to report any concerns about the practice of the service to regulatory authorities. Staff were able to describe the process they would follow and they understood how to report concerns.

Care and support were planned and delivered in a way that ensured people were safe. Records showed risks to people had been assessed when they first came to the service. We saw detailed and clear information was provided to staff to minimise risks. Up to date guidelines were in place for staff to follow. These covered areas such as keeping people safe. Some people were identified as at risk of pressure sores, which could occur when people have to remain in their beds for long periods of time. Pressure relieving mattresses were in use for people at risk of pressure sores. Staff had clear instructions about how to minimise this risk and care plans detailed how often people required turning or repositioning in their beds. Records confirmed that staff repositioned people at regular intervals, as set out in individual care plans. We saw other risks assessments, for example, about checks required on people's skin conditions. For example, a risk assessment stated that staff were required to report any "breaks, discolouring or bruises" to one person's skin and apply a barrier cream to any affected areas. We found the beds of people at risk of falling out of bed were fitted with suitable rails to prevent and minimize the risk of falling.

People's medicines were managed safely. Systems to ensure that people received their prescribed medicines safely and appropriately were in place. Medicine administration records (MAR) were clearly signed with no gaps in the recordings. Medicines were stored securely in a metal cupboard in the registered manager's office. Staff who administered medicine wore a tabard, which was a special item of clothing to indicate that they were providing people with medicine and were not to be disturbed.

Audits were carried out every 28 weeks by a pharmacist and every morning by the registered manager or a senior care worker to ensure medicines were handled and managed safely and could be accounted for. There were appropriate storage facilities for controlled drugs. CDs are prescription medicines that are

controlled under Misuse of Drugs legislation and we saw that the service had a CD policy in place. No one at the service received controlled drugs at the time of the inspection.

We saw that sufficient numbers of staff were present in the morning and afternoon. Staff rotas we looked at confirmed that the numbers of staff on duty ensured that people received safe and effective care. One staff member said, "Yes, we have enough staff."

We looked at staff files and saw checks had been undertaken before new staff started working for the service. We saw evidence of identity checks, references being taken and checks had been carried out with the disclosure barring service (DBS) for each staff member. The Disclosure and Barring Service carried out a criminal record and barring check on staff who intend to work in the health and social care field. This helped employers make safer recruitment decisions. The registered manager said, "We take great care to ensure our staff are suitable, have the right caring attitudes and skills to keep our residents safe. We get personal and work related references." We saw that this was the case.

The service was clean, tidy and there were appropriate infection control measures in place to maintain the premises' hygiene. Staff used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care. The premises and equipment, such as stair lifts and bathing hoists, were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. We saw that where any equipment required repairing, they were not used for reasons of safety. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and at safe temperatures. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Is the service effective?

Our findings

People told us that staff helped them with their everyday needs. One person said, "The staff are very helpful." Relatives told us the staff were caring, professional and skilled. One relative said, "They are very professional and provide first class care and treatment."

Staff told us they felt supported by the registered manager. Staff files showed that staff received occasional supervision meetings with the registered manager. There were opportunities for staff to discuss any issues affecting their work, including communication, feedback from people and their regular duties. Areas of improvement and any training needs were identified for action. Performance appraisals with the registered manager, which covered the previous year, had taken place. We saw that targets and objectives were set for the next twelve months which meant staff were supported to improve their performance and achieve certain goals. Records showed that supervision meetings took place every two months, although we did not see records for the past four months. The registered manager told us this was due to them having to take some time off in recent months due to personal circumstances.

We recommend that more robust supervision systems are established for staff to receive appropriate support, professional development and appraisals.

The service was compliant with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests. 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). Staff were knowledgeable of the service's policies. We saw where people were subject to DoLS, there was the appropriate documentation from the local authority confirming that this was the case. This assured us people would only be deprived of their liberty where it was lawful.

The provider had a training programme in place for all staff. We saw staff had been given training in safeguarding adults, infection control, food hygiene, medication management, first aid, palliative care, the Mental Capacity Act, Deprivation of Liberty Safeguards, moving and handling, dementia awareness and basic life support. Staff had also been given training by other professionals in order to better support people. Most of the staff had obtained diplomas in health and social care. Where needed, staff were enrolled on the Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that health and social care workers must complete and adhere to in their daily working life. The standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people. We saw that two staff were in progress of completing their Care Certificate modules. The registered manager told us, "Our training is in line with the Care Certificate standards. Our staff are all NVQ level 2 and 3 qualified so they don't necessarily have to complete all the modules."

Staff received opportunities to improve their knowledge and refresh or develop their skills. We viewed the training schedule and saw that induction training was completed by all staff. Online refresher training was provided annually for mandatory topics. We spoke with a new member of staff who worked in the home as a care assistant and they told us, "My induction was very helpful. I was able to shadow and get to know the residents. It prepared me and I learned so many things." Another member of staff said, "I learned quickly and I am really enjoying working here." Staff felt the training they received was good and helped them in their roles. The registered manager encouraged staff to develop their careers and achieve further qualifications. They told us, "I want to encourage them to be ambitious and take up nursing in future or work to become another type of health professional. I am hoping they complete their level 4 and 5 diplomas."

Information about advocacy services was available to people who used the service. An advocate helps people to express their views and wishes, and makes sure their voice is heard. The registered manager ensured people were aware of their rights to access advocacy services to make independent decisions about their care and support needs.

There was regular recording of a person's weight, their need for fluids and a balanced diet. People were provided with nutritious meals and they were happy with the food that they ate. They told us they were offered enough to eat and drink throughout the day. We observed people during a meal service and we noted that dining rooms contained tables that were set appropriately with cutlery, napkins and condiments. People were also supported to eat in their bedrooms if they chose to do so. One person said, "The food is really nice, really good." Another person said, "Yes everything is fine, the food is very tasty." People were encouraged to choose what they wanted to eat and any dietary or cultural requirements for their meals were met. Staff also supported people who required assistance with meals. We observed that people had their meals in a calm and relaxing environment. We saw that there was a sufficient stock of food, fresh fruit and vegetables. A stock check was taken weekly so that staff knew the quantity and types of food to order from the supermarket.

People had access to health and social care professionals when required. Care plans and records showed that, where appropriate, staff worked effectively with health and social care professionals, such as district nurses, to ensure people were supported to maintain their physical health. Care plans included records of people's appointments with health and social care professionals. Outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were familiar with local health and social care professionals who visited the home on a regular basis.

Is the service caring?

Our findings

People told us the staff were caring and they were treated with dignity and respect. One person told us, "Staff are lovely. They look after me and everyone else." Another person said, "I am looked after well. The staff are very friendly and caring." A relative told us, "My [family member] has been living there for a year. [Family member's] room is very clean and they are always well looked after. The staff are very helpful and polite."

People told us that they were happy their friends and relatives could visit them and take them on outings, if they were able. We saw people had the ability to express their views and they were able to say how they wanted to spend their day and what care and support they needed.

We found people and their relatives were comfortable around the staff employed in the service and knew the registered manager. We saw positive and caring interactions between staff and people. Staff were friendly towards people and gave them their time and attention. For example, staff would sit with people and have a relaxed conversation. We saw that staff were skilled and able to assist people whose mood changed, such as when they felt anxious. Staff were able to help them relax. For example, staff would hold a person's hands if they became disorientated and would offer reassurance that they would help them. This meant staff understood how to treat and care for people with different levels of need.

We observed staff attending to people's needs in a way that was caring, kind, respectful and patient. Staff explained to people what they were doing and also asked for their consent. Staff had a good understanding of how to promote people's privacy and dignity and people told us their privacy was respected. One staff member told us, "We have to show compassion and respect people's choices. We help them when necessary."

We saw most people were appropriately dressed and ready for the day by the middle of the morning. Staff knocked on people's door before entering their rooms and addressed them by their preferred names before providing personal care. Staff treated people as individuals, respected their human rights and asked them what they wanted help with.

We observed staff support and encourage people to be as independent as possible. Equipment, such as stair lifts were used assisted to promote independence by maximising people's abilities. People's care plans contained up to twelve key support areas to enable people to maintain daily living skills such as mobility, hygiene, emotional wellbeing, nutrition and communication. The registered manager said, "Our care plans are holistic, they cover everything. People and their relatives are fully involved." For example, people were able to express their future wishes and what was important to them. One person's care plan said, "I would like to remain at Pelham Lodge for as long as possible. I don't wish to be on my own when I pass away." This showed that the service took into account people's wishes so they could be acted upon at the appropriate times.

Is the service responsive?

Our findings

People and their relatives told us the service responded to their needs. One person told us, "They listen to me when I need something." A relative said, "I am involved in my [family member's] care. The manager always updates me." Another relative told us, "They are excellent. They always respond, deal with any questions."

The service was responsive to the needs of people, particularly those with dementia. For example, people's rooms were personalised and corridors and rooms were spacious. This helped people with dementia find their way around the service. We noted staff were able to respond quickly when people asked them for support. People received support in line with their care plans. When people's needs changed or they needed assistance with specific tasks such as attending hospital appointments or outings, staff were available to assist them.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were hand written and were personalised. They included the person's health care needs, any nutritional requirements and details about their personal histories under a section called My Life Story. This contained information such as the person's previous occupations, details about their family members, their likes, dislikes, what activities they liked to do and what was important to them. Aspects of people's needs and clear guidance for staff on how to meet their needs were provided. The care plans also included daily logs reports, health professional visits, falls records, body maps and needs assessments. There was guidance for staff on how best to communicate with people. For example, one care plan advised staff to, "maintain [the person's] privacy and dignity at all times. Always knock on their door before entering and do not invade [the person's] personal space. Discuss how they would like to live their life at Pelham and how we can achieve it." This meant that the care provided to people was tailored to their individual needs, preferences and requirements. Care plans were reviewed every month and updated to reflect changes to people's care needs.

There was a lounge and dining room in the accommodation and we saw that both were used by people to watch television, take part in musical or board game activities and have their meals. Activities took place in the service and people were supported to take part in activities of their choice, such as gardening, going for pub lunches and clubs or societies where they were able. One person told us, "I get to go to the day centre. Sometimes I get to go to my fellowship group if someone takes me." Other activities included pet therapy, such as when a member of staff brought in their dog, or reminiscence therapy, which involved people looking at photographs from their past. An activity coordinator visited people on most afternoons and entertained them by playing games such as bingo. During our inspection, we saw seven people in the lounge taking part in a game of bingo and enjoying themselves. We saw that the service also arranged for local school children to visit people in the home. People told us that they enjoyed these visits because they liked having company.

However one person told us, "There is little for me to do sometimes. I do my word search puzzles most days but sometimes I get bored because I don't have many people to talk to." The registered manager said, "We

try to do as much as we can for people. Our residents have different levels of needs and some cannot engage with others or with staff. We treat everyone as an individual and this is their home. We never dictate rules to them."

Staff were able to handover any significant information at the end of each day shift. Staff completed daily logs for each person, which noted how they were getting on with their day to day lives. Key working with each person in the service was also done by staff in planned sessions and was used as part of care plan reviews to monitor how well a person was progressing. We saw records that people were able to express their views in these sessions on how they would like to be supported. This helped staff to monitor people's wellbeing and respond to any concerns.

The registered manager said they took any concerns or complaints seriously and we noted that any issues were brought to the attention of the registered manager. We looked at records and saw that the service had not received any formal complaints. There was a complaints procedure and this was available as part of a Welcome Pack for people moving into the service. We saw there was a clear procedure for care staff to follow should a concern be raised, including who they should contact. One person said, "I would talk to the manager but I don't have any complaints." A relative told us, "Yes I know how to complain and would speak to the registered manager but it is a nice home and I have no concerns."

Is the service well-led?

Our findings

The registered manager was responsible for the day to day running of the service and was also the responsible individual of the provider, which meant they were the owner of the premises. Information from the registered provider that we reviewed prior to the inspection, informed us that they planned to cease operating the accommodation as a care home over the next 12 to 18 months. The registered manager had notified people, relatives and the relevant placing authorities of their intentions so that a plan could be put in place for people currently living in the service to transfer to suitable accommodation. This would also help to reduce the impact and strain of people having to move to a new home. The registered manager said, "I feel it is now time to leave and for a change after 12 years. It will be very difficult but we can be very proud of the home. It is for personal reasons and I will really miss everything and everyone." The registered manager said that they were in discussions with the local authority regarding the use of the accommodation in the future.

Relatives, staff and people told us that the management team were responsible for a well-managed care home. People told us, "It is really good to be here" and "Oh yes, I am looked after very well." A relative said, "It is very well run. Everything is in immaculate condition and the staff are very caring and polite. It is the best I have seen." Another relative told us, "The staff and management do a wonderful job. It couldn't be any better for my [family member]. It is a shame they are thinking of closing." Relatives also commented on the atmosphere within the service. One relative said, "When I visit my [family member], I get a nice welcome. If I had a problem I would speak to the manager, they are very helpful and the communication is very good." Another relative said, "It's a lovely atmosphere. Everyone is treated like family and there is much laughter and entertainment, like bingo and music. It is very homely."

Staff knew what their responsibilities were and maintained records. They consulted senior staff for guidance and advice. All staff spoke highly of the registered manager and told us they had had received regular training. Staff were happy and were supported in their roles. They said the registered manager listened to them and were very helpful. One staff member said, "We get really helpful guidance and support from the manager. They are very approachable, friendly and nice." Another staff member said, "The manager is very supportive and very involved. They make sure everything is running well."

The registered manager confirmed staff meetings took place. Records showed that the service held occasional staff meetings to discuss important topics such as the health and wellbeing of people in the service and any available training courses. However, we did not see that they took place at regular intervals and there had only been one meeting held this year. The registered manager said, "I was away for periods over the past few months, so I have not had a chance to arrange them recently." The registered manager assured us that they would hold more regular staff meetings at set intervals so that staff were able to discuss any areas of concern and for the registered manager to relay any important information.

We saw that there were meetings for people who lived at the service. Meetings were an effective way for the registered manager to respond to feedback. For example, people wanted to spend more time going on days out with family members. We noted that this was responded to and people were later taken out more

frequently by their family members, which they enjoyed. We noted that the meetings were well attended and facilitated by members of staff.

Quality assurance and monitoring systems were in place, which included seeking the views of people and their relatives. People were asked their views and this was recorded. For example, the service stored a compliments and comments book in the reception area. We saw that feedback was very positive and included comments such as "My [family member] has settled in well. The staff are encouraging them to eat and help them. They are a lot better now. The staff always pop in to see if she is OK." Another comment was, "The door is always answered promptly and the staff are polite and courteous when we come to visit." Family members also praised the service for looking after their loved ones who received end of life care. One relative wrote, "Thank you so much for looking after [family member] for the past six years. My [family member] was very happy at Pelham Lodge. We really appreciate all you did."

The registered manager understood their role and responsibilities. We found people's records were kept securely which showed the service recognised the importance of people's personal details being kept securely to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. Providers of health and social care have to inform us of important events which take place in their service. Records showed that the registered manager notified the CQC of events, incidents or changes to the service that they were legally obliged to inform us about.