Care Quality Commission

Turning Point
Pemdale

Inspection report

26A Nursery Close
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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

Overall summary

This inspection took place on 01 September 2015 and was unannounced. When we last inspected the home in December 2013 we found that the provider was meeting their legal requirements in the areas that we looked at.

Pemdale provides accommodation and support for up to six people who have a learning disability or physical disability. At the time of this inspection there were six people living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and the provider had effective systems in place to safeguard people. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being. They were given a choice of nutritious food and drink throughout the day and were supported to maintain their interests and hobbies. They were aware

Summary of findings

of the provider's complaints system and information about this was available in an easy read format. They were encouraged to contribute to the development of the service. People had access to an advocacy service.

There were sufficient, skilled staff to support people at all times and there were robust recruitment processes in place. Staff were well trained and used their training effectively to support people. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Good

Is the service effective?
The service was effective.

Staff were well trained.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff interaction with people was caring.

People's privacy and dignity were protected.

Friends and relatives could visit at times that suited them.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing their support needs and staff respected their choices.

People were supported to follow their interests.

Information about the provider's complaints system was available in in easy read format

Good

Is the service well-led?
The service was well-led.

The provider had an effective system for monitoring the quality of the service they provided.

The manager was supported by a network of senior people within the organisation at all times.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good

Pemdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 01 September 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Also before the inspection, 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.

During this inspection we spoke with one person who lived at the home and a relative of another. We spoke with four staff members, the registered manager and the provider's area manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We checked medicines administration records and reviewed how complaints were managed. We looked at two staff recruitment records, staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

The person and the relative of a person who lived at the home we spoke with told us that they or their relative was safe. The relative told us, "Yes, [Relative] is safe. No restraint is used at the home."

The provider had an up to date policy on safeguarding. Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what to look for. They told us of the procedures they would follow if they had concerns. We noted that the manager had reported relevant incidents of concern to the local authority and to the Care Quality Commission.

We saw that there were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that where people demonstrated behaviour that had a negative impact on others or put others at risk, the assessment included information on what might trigger such behaviour, and steps that staff should take to defuse the situation and keep people safe. Risk assessments were regularly reviewed by people's advocates to ensure that the level of risk to people was still appropriate for them.

Staff we spoke with told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These had included looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included checks of window restrictors, hot water and fire systems. Staff told us that there were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary taps to switch the supplies of gas, electricity or water off. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur. There was a current Business Continuity Plan in place that showed how the service would continue to operate in the event of an emergency.

Accidents and incidents were reported to the management. We saw that they kept a record of all incidents, and where required, people's care plans and risk assessments were updated. Records of accidents and incidents were reviewed by the manager to identify any possible trends to enable appropriate action to reduce the risk of an accident or incident re-occurring to be taken. The accidents and incidents also were reported to the provider's Risk and Assurance Department.

The manager told us that there was always enough staff on duty during the day for people to be supported in accordance with their care plans. Some people required additional support when in the community and extra staff was employed to ensure that the support needed was provided. We saw that there was a visible staff presence. The area manager explained that the manager's role was split and they were used to provide cover for shifts for 40% of their time. Staff told us that on occasions there were only two instead of three support workers on shift. The area manager explained that it was at these times that the manager would provide the cover needed.

We looked at the recruitment files for two staff that had recently started work at the home. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. We saw that where a member of staff was considered to be no longer suitable for the role in which they had been employed steps had been taken to remove them from the role and notify the appropriate authority of their concerns about the suitability of the person to work in a similar role at any other service.

People's medicines were administered safely and as prescribed and by staff that had been trained and assessed as competent to do so. Two staff administered people's medicines and countersigned the medicines administration record (MAR). Medicines were stored appropriately within a locked cabinet in the main office and stocks of medicines were checked daily. We looked at the MAR for two people and found that these had been completed correctly with no unexplained gaps. There was a

Good

Is the service safe?

system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN).

Good

Is the service effective?

Our findings

People were unable to tell us whether they thought the staff was well trained although the relative we spoke with said that the staff were effective. They told us, ""The staff are well trained and know how to support my [relative]. The doctor praised the home and said he'd received excellent care."

Staff told us that they received a good induction programme and regular training. One member of staff said, "We use positive behaviour management with people. I have done the course twice now." The manager showed us that staff training was managed using a computer system. There were certain areas of training that the provider considered essential, including communication, safe movement of people and equality and human rights. The manager was reviewing some modules of the training to ensure that it reflected up to date practice. These included infection control, food hygiene and dementia. The manager monitored staff training and reminded staff when refresher training was due. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff had received training in methods of non-verbal communication. They told us that they used various methods to communicate with people who could not explain their needs verbally. One staff member told us, "[Service User] is profoundly deaf but can lip read so I ensure that I am facing her when talking to her." Another member of staff said they communicated with people by the use of eye contact, gestures, pictures and objects of reference.

Staff told us that they received regular supervision at which they could identify any training and development that they wanted to undertake. They told us that supervision was a two way conversation at which they discussed their training needs, their morale, any concerns they had or any complaints they wanted to make. One staff member told us they were happy to remain in their current role for now but felt that they would be supported to develop when they wanted to.

Most staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate a good understanding of the requirements. They were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met. We saw that a best interest's decision had been made on behalf of one person for them to go on a holiday. Staff told us, and we saw records that showed that DoLS applications had been made to local authorities for people who lived at the home as they were not allowed to leave unless supervised by relatives or staff.

Staff told us that they respected people's decisions as to their daily care and support needs, such as the time they get up, what they wear or how they spend their time. One member of staff said, "Residents choose their clothing and what they do each day."

The relative we spoke with told us that, "The food always looks marvellous." People were given choices of what they had to eat each week and the menu was displayed in the kitchen so that people knew what they were having for their meal. Menus were planned with the people who lived at the home and pictures were used so that people who could not tell staff what they wanted were able to express their preferences. We saw that people were made choices of what they wanted to eat at each meal by being shown options from which they chose.

Records showed that people were supported to maintain their health and well-being. Each person had a health plan in which their weight, medicines reviews, annual health check and calls from healthcare professionals were recorded. They underwent annual health checks and their medicines were reviewed by their GP's. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. People's care plans identified any health issues that a person had that may require particular vigilance by staff to maintain the person's health and well-being.

Good

Is the service caring?

Our findings

The person and relative that we spoke with both told us that the staff were caring and treated them with dignity and respect. The relative told us, "I can come to the home anytime, any day and [Relative] is always clean and presentable and in a good mood."

We observed staff interact with people in a caring way. One member of staff told us, "The relationship I have with the residents is the best thing about working here." We saw that staff always spoke with people as they passed them and asked if they were alright or wanted anything. Staff clearly knew people's likes and dislikes and there was a very homely atmosphere. People's support records included a section headed 'About Me' which provided information for staff about people's preferences, their life histories and things that were important to them. It also detailed how they would like to be supported with different elements of their care and support. This had enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and the people and things that were important to each person they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non- verbal communication methods when necessary.

We saw that staff promoted people's privacy and always knocked on their door and asked permission before entering their rooms. Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that if someone was having a shower the door to their bathroom was kept closed, or if someone was getting dressed, the curtains in their room were drawn. They also told us that they protected people's personal information and never discussed the people they supported outside of the home.

People were encouraged to be as independent as possible. Staff told us that one person put the bins out, sorted out people's washing and took it to their rooms. We saw that people were actively involved in making decisions about the way in which their support was provided. People's rooms were personalised and reflected their individual interests and taste. The area manager told us that a program of refurbishment was underway and people had chosen from swatches of materials the colour for their rooms and they would also choose their own bedding and curtains. People were given choices, such as in how they spent their time during the day and the staff supported their choices. We saw that people got up at various times during the morning and were supported to get the breakfast of their choice when they were ready to eat.

Information about the home was available in an easy read format that people who lived at the home could understand. People had access to an advocacy service and an advocate attended the home regularly to support people who had no other representative to express their views.

The relative we spoke with told us that they could visit at any time.

Good

Is the service responsive?

Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. We saw that support records included personal information and reflected people's wishes. Information from relatives and people who knew them well had been included when the plans were developed. The relative we spoke with told us that they were consulted and annual reviews of support plans were undertaken. They said, "We're always consulted on everything. We have been involved in care meetings and care plans."

Care plans were detailed and showed how people's assessed needs would be met. The plans included information on people's communication, behavioural and care needs and detailed how people wished to be supported in these. Each person had been assigned a key worker who was responsible for identifying the person's support needs and agreeing the goals they would work towards. We saw that people's well-being was assessed on a monthly basis and their care plans reviewed to ensure that the care provided continued to best meet their needs. Where appropriate care plans had been reviewed by advocates who acted on their behalf.

People had a wide variety of activities that they were encouraged to undertake and to maintain their hobbies and interests. The relative we spoke with said, "[Relative] has a wonderful range of activities and opportunities. [Relative] goes out regularly with staff." One person told us how much they had enjoyed a recent holiday to Euro Disney supported by staff from the home. Another person returned from a short break they had been on, again supported by staff from the home, on the day of our inspection and told us how much they had enjoyed this. A member of staff told us, "Resident's holidays are great. We took a resident away that hadn't been away in years."

On the day of our inspection one person, who loved to cook, had made cakes for the afternoon tea. We saw that people had individual timetables for the activities that they enjoyed and were supported by staff in these. These included regular trips to the local shops to buy magazines. The area manager told us that the home was supported by the local community and was involved with the local parish church.

There was a complaints system in place and people and relatives knew how to make a complaint. The provider's policy was displayed in an easy read format so that people at the home could understand it. The relative told us they would make any complaint to the manager but that, "All staff are very approachable."

Good

Is the service well-led?

Our findings

People, staff and the relative we spoke with told us that the registered manager was very approachable. The relative told us, "[Manager] is really good, really switched on and helpful." One member of staff said, "[Manager] been a very supportive manager, approachable and I feel comfortable talking to her about issues with the home."

Staff told us that there was a very open culture at the home. One member of staff said, "Everyone has a positive and relaxed attitude which has to be a good thing for the residents." Another member of staff told us that the culture at the home was really positive and they got on well with their colleagues.

The area manager told us that the registered manager was supported by themselves, and they in turn were supported by a duty regional manager and a member of the executive team was also always on call. There was a duty rota which was published to all managers and any changes to it were also notified so that staff at the home could always contact a senior member of the provider's organisation if they needed to.

Staff explained that the provider's visions and values were to enable people to maintain their independence as much as was possible and to provide excellent care and support to them. Staff felt that they met these values with the care and support they provided.

People and their relatives were encouraged to provide feedback and be involved in the development of the service, such as in the refurbishment and choice of activities available. A satisfaction survey was sent each year and the results analysed to identify any improvements that could be made to the service provided. The service also held quarterly stakeholder meetings at which people involved with the service could discuss any developments or improvements that they wanted.

Minutes of a staff meeting held in March 2015 showed that staff were able to discuss their roles which were allocated to them following discussions at the meeting, as well as the needs of the people who lived at the home and developments such as the refurbishment of the home. Staff were also provided with information about developments within the provider organisation by way by way of a team brief.

The provider had developed their own internal quality monitoring tool which had recently been adapted to cover the changes in legislation and the CQC inspection methodology. The registered manager provided details of the latest quality audit completed and an action plan to address the areas identified for improvement. The registered manager also operated a 'hands on' approach and monitored the quality of the care provided by staff whilst assisting them. In addition the area manager carried out spot checks in the evenings and at the weekends to ensure the level of service provided at these times.