

Cedarcare (SE) Ltd

# Pelham House Residential Care Home with Dementia

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Pelham House Residential Care Home with Dementia is a residential care home providing accommodation and personal care to up to 30 people in one adapted building. The service provides support to people with a range of health care needs, such as dementia, diabetes and frailty of old age. At the time of our inspection 28 people were using the service.

### People's experience of using this service and what we found

Medicines were not always administered safely. Medication administration records should be signed after each person received their medicines, but this was not done. Some people did not receive their prescribed medicines on time. Staff did not always change their disposable gloves or sanitise their hands between interacting with people and a change of activity. Some personal information about people's care needs was on display on notices outside their bedrooms. Auditing systems implemented by the provider were not sufficiently robust to identify concerns found at this inspection.

People were safe living at the home. One person said, "I do feel safe. There are people round us day and night. If I needed anything I would only need to ask". Staffing levels were sufficient to meet people's care and support needs. Call bells were responded to promptly. Risks to people, including environmental risks, were identified, assessed and managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about the care they received from staff. One person said, "I think the staff are marvellous. There is a mixture of people here to help us and others that make meals, clean and such like. We get new ones sometimes. They are all very kind and patient". People's feedback about the home was gained through questionnaires.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 August 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

We received concerns in relation to the cleanliness of the home and the care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating remains requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelham House Residential Care Home with Dementia on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an unannounced comprehensive inspection of this service on 27 October 2022. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified a breach in relation to the administration of medicines, the use of personal protective equipment by staff and personal information about people on display. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pelham House Residential Care Home with Dementia

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Pelham House Residential Care Home with Dementia is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pelham House Residential Care Home with Dementia is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information of concern we had received about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people and four relatives about their experience of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, a representative of the provider, the deputy manager, two care staff, cook, and a person retained by the service to undertake auditing. We also spoke with a visiting healthcare professional.

We reviewed a range of records including four care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to have effective oversight and monitoring of head injuries. There was insufficient information and guidance for staff on how to manage risks in relation to specific health conditions. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and improvements had been made.

- At the last inspection, there was a lack of oversight and monitoring of head injuries. At this inspection, the provider had implemented 48-hour monitoring following a head injury; records confirmed this. Information and guidance was provided for staff about people's specific health conditions such as diabetes, and actions staff should take if a person became unwell.
- Risks to people, including environmental risks, had been identified and assessed as required. For example, a risk assessment to prevent skin breakdown included advice to staff on what to look out for, and the person was repositioned when lying in bed. Charts were completed by staff when each repositioning occurred. Other risk assessments included falls, nutrition, and the use of bed rails.
- Fire safety audits had been completed and fire evacuation plans were in place in the event of an emergency.
- Accidents and incidents were recorded and analysed to identify any emerging themes or trends so appropriate action could be taken.

### Using medicines safely

- The process of administering medicines to people was not managed safely. We observed a staff member giving people their medicines during the morning. When people are given their medicines, their medication administration record (MAR) should immediately be signed by the staff member responsible. This did not happen. The staff member gave every person their medicines, then signed off several MARs at once in confirmation. This is not in line with the National Institute for Health and Care Excellence (NICE) guidance, Managing medicines in care homes, 1.14.11 states, 'Complete the administration before moving on to the next resident', (published March 2014).
- One person should have been given five medicines at 08.00hrs, but it was 10.56hrs when they received them. The member of staff acknowledged they had administered these medicines much later than required and told us they would be giving the next medicines, "A little later", to ensure the four hour interval between. Another person needed a medicine to be taken 30-60 minutes before food, but they had already eaten their

breakfast before receiving this medicine.

- Medicines that should have been given to people at 08.00hrs were not given until mid-morning and we observed medicines being administered from 10.46hrs; some people had received their medicines before our observation commenced. The staff member told us, "If mornings are busy then medicines can be late".
- Some people received medicines as required (PRN) and the staff member checked with people if they would like some medicine to relieve pain, for example. This was done appropriately. We asked the staff member administering medicines what the protocol was for PRN medicines, but they did not know. A plastic wallet kept with MARs contained information about medicines and pain scales, but there were no protocols for PRN medicines.
- We observed the staff member failed to wash or sanitise their hands between administering each person's medicines. This is an infection risk.

The administration of medicines was not managed safely. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the end of the inspection, we discussed the issues with the administration of medicines. The provider's representative planned to change the current arrangements where people's medicines were kept locked in cupboards in their bedrooms. This meant the staff member administering medicines had to collect the medicines from each person's bedroom, walk to a communal area, then walk back to each person's bedroom to sign the MAR. To save time, the staff member had signed all the MARs together at the end of the medicines round. Medicines trolleys would be substituted in the future to ensure people received their medicines in a timely way.
- Other aspects of medicines were managed safely such as the ordering, storing and disposal.

#### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. In addition to the staff member administering medicines not sanitising their hands between giving each person their medicine, we saw another staff member wore the same pair of disposable gloves at lunchtime. They were guiding people to sit down in the dining room at lunchtime, handling walking frames, then going into the kitchen to collect plated-up meals and serving people. This put people at risk of the spread of infection.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We discussed the issue concerning the risk of infection at the end of the inspection. The registered manager acknowledged our concerns and told us they would talk with the staff.

#### Visiting in care homes

Visitors were made welcome to the home, and were asked to complete a lateral flow test before entering, although this is no longer a legal requirement. A relative told us, "I know some relatives book in, but I have permission to come and go as I like. I come at least four times a week". All visitors were given a disposable

mask to wear when they entered the home and had access to hand gel.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at the home. Staff had completed safeguarding training and knew what actions to take if they thought people were at risk of harm.
- One person said, "I am safe because we have carers walking about, there is always someone here. If you are worried, you can talk to a carer about what's worrying you. I just feel safe". A relative told us, "They are safe here. I used to be worried about them falling or missing their medication. Here they are completely looked after. If a doctor needs calling or if any of the medication changes [named registered manager] is straight on the phone to me".
- A staff member told us they would report any signs of abuse to the registered manager or deputy manager, who would then refer it to the local authority and CQC.

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 MCA 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make specific decisions had been assessed when it was indicated they might lack capacity. Decisions made in people's best interests were documented. For example, the use of bed rails was considered when people were at risk of falling out of bed. Bed rails are restrictive, therefore, consent is required from the person or a best interests decision would be made if they lacked capacity.
- Where people had appointed others to make financial or welfare decisions on their behalf, records were kept to show who had been appointed.

Staffing and recruitment

- There were sufficient, trained staff on duty to meet people's care and support needs.
- People told us staff came quickly when they used their call bells. One person said, "Yes there are enough staff. I don't know about nights, I'm asleep". Another person told us, "There are enough staff. I am quite independent in what I do, but I haven't noticed any shortages. Nights and weekends are much the same".
- Staffing rotas confirmed the numbers of staff on duty were consistent. Agency staff were used and the registered manager said they used one agency who sent the same staff to cover any gaps to shifts. This provided consistency of care and meant people knew staff who would be looking after them.
- New staff were recruited safely. All necessary checks were completed, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The registered manager had taken action following the last inspection, and improvements had been

made in the management and mitigation of risks.

- The registered manager viewed any concerns as an opportunity for reflection and staff learning to avoid similar situations from reoccurring.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's auditing systems were not effective in identifying shortfalls and driving improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and some improvements had been made. However, not enough improvements had been made and the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The audits system had improved since our last inspection and had identified areas for actions, however, improvements were still needed as we found concerns that had not been identified through the audits system at this inspection.
- Care plans were reviewed and updated when people's support needs changed or following any incident or accident, although there were some inconsistencies. One care plan indicated the person lived with Type 1 diabetes when it was actually Type 2. Another person's care plan indicated they had two falls within the last year according to the mobility/hoist assessment, but the falls risk assessment stated there had been no falls. We discussed these concerns with the registered manager who responded by updating the care plans. The electronic care planning system in use did not automatically update all the relevant sections when one part was amended.
- The medicines audit had not identified the way medicines were administered to people on the day of the inspection. Competency checks for staff trained to administer medicines had not indicated any concerns.

Systems were not effective in identifying the inconsistency of information contained within some care plans or the administration of medicines. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits relating to infection prevention and control, staff files, falls analyses, fire safety and environmental checks were effective.
- Questionnaires completed by people had been collated in July 2022 and feedback was positive on meals provided, personal care, daily living, premises, and the management of the home. A relative told us, "I have

no complaints. I know there is a box out the front if I want to put my name to a complaint, but I can tell the manager if I'm not happy".

- A plan for refurbishment of the home was in progress and some areas had been redecorated and updated.
- The registered manager understood their responsibilities and regulatory requirements. Notifications they were required to send to us by law had been received. The rating awarded at the last inspection was shown on the provider's website and was on display at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care that met their needs. However, some information about people was on display outside their bedroom doors. This information included detail about people's personal care needs and should not have been made public. For example, we saw the use of the word 'toileting' when people required support from staff to go to the toilet. The notice outside one person's bedroom described them as not being great with their hygiene. The information contained on the notices was undignified and not respectful of people. We discussed our concerns with the registered manager who agreed to remove the notices.
- People were supported by kind and caring staff. One person said, "It's very good here and homely. Staff are kind and caring and we couldn't be without them". A relative said, "The management are pretty good. They ring me up about any changes. A couple of weeks ago Dad had a bad chest and they got the doctor in".
- The registered manager understood their responsibilities under duty of candour. During an outbreak of COVID-19 in March 2022, relatives were kept updated on what was happening when the home was closed to visitors and received news about their loved ones.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in developing the service.
- One person said they were listened to and felt able to express their views. They told us, "I wanted to bake some cakes. Everyone got to do this or at least ate them. I do feel I am listened to. I would soon shout if not". Another person told us, "I make my choices. I am asked every day what I want for lunch and supper. I tend to please myself. I am rarely bored as I like to see what others are doing. If I was at home I'd just be watching television and that isn't me".
- People's diverse needs were catered for. Information on topics, such as safeguarding and mental capacity, was provided for people in an easy-read format and left in people's bedrooms. A relative said, "With the care plan I am asked what needs to be done and what Dad can do for himself. He needs a hearing aid at the moment and we are making a referral". People's religious beliefs were recorded and acknowledged. In one care plan we read the person would like to attend if a religious representative came in to the home to conduct a service.
- Staff felt supported by the management team. One staff member said, "The manager is great and very professional. She always helps the staff and thinks about the residents; she puts residents first".

Working in partnership with others

- The home worked in partnership with a variety of health and social care professionals.
- The registered manager said, "We received help and support to complete ReSPECT forms for people, and the GP is great. They come in every Tuesday, face to face; if anyone is unwell, we email and they come out". (ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future

emergency in which they do not have capacity to make or express choices.)

- The home had received a recent visit from the contracts and commissioning team from the local authority who had oversight of care monitoring at the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure medicines were administered safely.  Regulation 12 (1 (2)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure medicines were administered safely.  Regulation 12 (1 (2)(g)