Denehurst Care Limited

Passmonds House

Inspection report

Edenfield Road
Rochdale
Lancashire
OL11 5AG

Tel: 01706644483

Date of inspection visit:
03 December 2018
04 December 2018

Date of publication:
16 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was an unannounced inspection which took place on 03 and 04 December 2018.

We last inspected Passmonds House in March 2018 when we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). The service was in breach of Regulation 15 of the above act as we found concerns in relation to infection control, poor standards of hygiene and, maintenance of the premises. We issued a warning notice in respect of this breach, asking them to comply with the regulation by 17 August 2018. We also found that there were insufficient staff to meet the needs of the service, which was a breach of Regulation 18 of the Health and Social Care Act (2008) Regulations 2014. Following the inspection, the provider sent us an action plan which stated how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings. During this inspection, we found significant and major improvements had been made and the service was no longer in breach of the regulations.

Passmonds house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Passmonds House provides accommodation and support for up to 33 people. Twenty-two of the rooms have en-suite facilities. The home is comprised of two units over two floors, with lift access to the upper floor and ramps to all entrances. At the time of our inspection there were 31 people living at Passmonds House.

A registered manager is a person who has registered with the Care Quality Commission (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.' At the time of our inspection the service had a manager who was in the process of registering with CQC.

Structural repairs and reorganisation of the basement area had been carried out to ensure that this area was safe and clean, and the registered manager had introduced more stringent measures to control and prevent the spread of infection. The housekeeping hours had been increased and a cleaning schedule had helped to improve the standards of hygiene and cleanliness of the service.

Care records showed that risks to people's health and well-being had been identified. These included specific risks, for example where a person's behaviour could cause a risk to themselves or other people who used the service, and we saw that appropriate actions were recorded in care plans to minimise the risk of injury and followed up by staff. Environmental hazards had been assessed and where risks had been identified, appropriate measures were in place to minimise these risks. However, as we toured the building we found some cleaning and grooming items which could be harmful if used incorrectly had not been properly secured.

Staff understood how to keep people safe from harm, and the service had a safeguarding policy which helped to protect vulnerable people from abuse. Accidents and incidents were monitored and checked, and systems were in place to ensure that all medicines were stored correctly and managed by trained staff who were mindful when managing medicines to ensure that they were administered safely.

The service had good recruitment processes to ensure only suitable staff were employed. People told us that they were supported by staff who knew them well, and that there were enough staff to meet their needs. From looking at the training record and speaking with staff, we found some changes had been made since out last inspection to ensure staff were properly trained.

We saw staff worked well together and communicated effectively. They were attentive to any changes in people's needs and passed on information to ensure continuity of care was provided. Written care notes were clear and gave a good indication of any interventions and interaction with the people who lived at Passmonds House.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs. Similarly, people told us that the staff were vigilant to their health care needs.

We saw that arrangements were in place to assess whether people were able to consent to care and treatment, and staff understood the need to obtain verbal consent from people using the service before a task or care was undertaken. Where people were subject to deprivation of liberty the appropriate authorisation had been sought.

We observed good caring interventions between the people who lived at Passmonds House and staff who worked there. It was clear staff understood not only what support people needed but also how they liked to be assisted. People were treated with kindness and patience and had been encouraged to form their own friendship groups.

Care plans were comprehensive but easy to understand. They were written in a person-centred way and reflected people's needs, wishes and how they liked their care to be delivered. We saw that there were some activities available, and staff would spend time with people engaging in conversation or pastimes when they were able to.

People told us the registered manager was approachable and would listen and respond to any issues raised. She was supported by the service provider and area manager. The registered manager told us that the service had developed a good working relationship with the local quality assurance team, and when we spoke with them they told us that they had seen a big improvement in service delivery at Passmonds House.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some cleaning and grooming items which could be harmful if used incorrectly had not been properly secured.

People told us they felt safe and arrangements were in place to safeguard people from harm.

There were systems in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Care and support was delivered by trained staff who knew how to meet the needs of the people who used the service .

The management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and deprivation of Liberty Safeguards (DoLS).

Referrals to other health and care professionals were made to ensure care and treatment met people's individual needs.

Is the service caring?

Good

The service was caring.

Staff were warm, friendly, and kind, and showed a good understanding of people's likes and dislikes.

Privacy and dignity were respected.

Staff interactions with people who used the service were patient and kind.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and wishes.

How people wished to be supported at the end of their life was considered.

The service had a complaints policy and people told us they knew how to make a complaint if they wished.

Is the service well-led?

Good

The service was well-led.

The service promoted a family atmosphere and staff worked well together.

There was a registered manager in place who was respected and understood their responsibilities.

All the people and staff we spoke with told us they felt supported and could approach the manager when they wished.

Passmonds House

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.

This was an unannounced inspection and was conducted by two adult social care inspectors on 03 and 04 December 2018.

We requested and received 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 any improvements they plan to make. We used this document to help us with our inspection planning.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale local authority commissioning and safeguarding team and Healthwatch Bury for their views of the service. They did not have any concerns.

We spoke with seven people who used the service, two visiting relatives, the registered manager, area manager, three ancillary staff and four care staff. We spoke briefly with an activity coordinator and the nominated individual

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records of seven people. We also looked at the recruitment, training and supervision records for five members of staff, minutes of meetings and a variety of other records related to the management of the service. We observed care throughout the day and undertook a Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who cannot not talk with us.

Requires Improvement

Is the service safe?

Our findings

People who lived at Passmonds House said they felt safe. One person told us, "They are careful with me, and help me to not fall. I am happy and well looked after". Another remarked, "They check on me when I'm in my room. They'll bob in and spend time with me, and I know I have my buzzer to call them for anything. I know they keep an eye on me to make sure I'm safe".

The building was secure, and daily and nightly 'walkabout' checks were carried out to ensure that doors and windows were locked, and any security hazards removed. However, as we toured the building we found in one communal bathroom some cleaning and grooming items which had not been properly secured. These included a disposable razor, and items such as shampoo and bottles of conditioner which could be harmful if used incorrectly. We pointed this out to the registered manager who arranged to dispose of these items.

Policies and procedures, including safeguarding and whistleblowing were designed to minimise the risk of harm. Whistleblowing provides a commitment by the service to encourage staff to report genuine concerns around poor practice without recrimination. Staff had received training in safeguarding adults. They were able to explain how they ensured people were safe, and tell us how they would respond if they suspected a person who used the service was at risk of harm. One care worker told us, "If I saw anything untoward, I'd report it straight away. We are here to make sure people are safe from harm". The home had a safeguarding policy, which met the requirements of the local Adult Safeguarding Board, and issues were reported and investigated appropriately. We saw evidence of follow up investigation, appropriate recording and analysis with protection plans put in place. For example, where one person's behaviour increased the risk of physical and emotional abuse of other people, protective measures, including providing extra support and closer monitoring of communal areas ensured that people would remain safe.

Generic risks, such as the risk of falls, poor diet and nutrition or developing pressure sores had been assessed, and where identified action was taken to minimise the risk. For example, one person had a history of falls prior to their admission to Passmonds House. A full assessment identified risks, and measures were put in place to minimise any occurrence or harm. This had resulted in fewer falls. We saw the risk assessment identified the persons abilities and strengths and staff were instructed to note any changes in mobility. Aids in place included a crash mat and grab rails by the person's bed to minimise the impact should the person roll out of bed, and further noted that anti-psychotic medicine could increase the risk of falls, instructing staff to be mindful after medicines were administered.

Each risk assessment was specific to the person, and where risk was identified a corresponding and detailed care plan was in place to help reduce or eliminate the identified risks, which were reviewed on a regular basis. Specific risks, such as habits and behaviours were considered, and care records identified strategies to minimise the impact of these concerns.

We found systems were in place to enable staff to respond effectively in the event of an emergency. There was a fire risk assessment in place, and we saw that personal emergency evacuation plans (PEEPs) had been developed for the people who used the service. These plans explain how a person is to be evacuated from a

building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. The service also had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. A recent fire safety inspection had found the service met all requirements and fire safety regulations with no further actions required. The manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker; and when full checks were needed for water temperatures and legionella testing.

When we inspected Passmonds House in March 2018 we found that there were insufficient staff to meet the needs of the service. Since that time the service had reviewed the staffing levels and introduced a dependency tool which helped to match the needs of the people who lived at Passmonds House with the number of staff required. At the time of our inspection there were five care staff on duty each morning, with four in the afternoons and three waking night staff. When we asked them, the people who used the service and their relatives told us that they felt there were enough staff to meet their needs.

The service had reviewed the recruitment procedures and asked all staff to refill their application forms to account for any gaps in employment. Such a gap if not explained could indicate that the person was unwilling to disclose previous poor conduct. Checks made ensured that people employed to work at Passmonds House were of the right character to support vulnerable older people. They included two references and a check with the disclosure and barring service (DBS) before any member of staff began work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed at Passmonds House.

We looked at the systems in place for the ordering, management and administration of medicines. Appropriate policies in place informed staff of all aspects of medicine administration, and these were followed by all senior staff, who had been trained to administer medicines and were checked on a regular basis by the registered manager. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had.

We looked at four medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. The registered manager told us that there had been no medicine errors reported since April 2016. Care records indicated what each medicine was for; gave the reason for the prescription and ask staff to monitor for any impact or issues with each medicine. They gave instruction as to how the medicine was to be administered, for example, dissolve in water.

Where the person had been prescribed any new or 'short course' medicines, such as antibiotics or constipation medicine, a short-term care plan was put in place to ensure safe management.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal. Any hand-written prescriptions were signed by two staff which is the recommended safe method.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour

period, the route it should be given and what it was for. This helped prevent errors.

At our last inspection in March 2018 we found serious issues relating to infection control. At this inspection we found the service had introduced improvements to minimise the spread and risk of infection. Serious concerns about the structure and cleanliness of the basement had been addressed with a full review and refurbishment to damp-proof and modernise the area. The maintenance officer showed us where walls had been knocked back to the brick and re-plastered, and new facia had been ordered to maintain high standards of hygiene. The laundry had been redesigned to allow for better management of clean and soiled items to avoid cross contamination, and redesign of the kitchen had led to a recent award of the maximum rating of 5 stars from the food standards agency. All boilers had been replaced to allow for greater temperature control, and pressurised hot water improved the quality of the showers. We found there was a good supply of water at an ambient temperature and control valves on baths reduced the risk of scalds.

As we toured Passmonds House we saw the building had been redecorated throughout, and old and worn carpets had been replaced throughout to laminate flooring in all corridors. This was easier to maintain and keep clean and reduced the risk of trips on worn carpet. Chrome handrails on the corridors provided good contrast to enable people with poor eyesight easier vision.

Toilets were clean and displayed posters detailing safe hand washing techniques. Soap; paper towels, disposable aprons and hand gel were available, further reducing the risk of cross contamination. Foot pedal bins were in each bathroom, but we found the pedal in one bathroom did not work. We pointed this out to the registered a manger who arranged to replace the bin immediately.

Since the last inspection the service had increased the housekeeping staff and employed a new housekeeper. When we spoke with this person they demonstrated a sound knowledge of how to minimise the risk of infection and use of specific cleaning materials to ensure the environment was safe from the spread of infections such as MRSA and Clostridium Difficile. We were shown cleaning schedules were in place for all areas of the home. They told us they were keen to ensure all bathrooms and handrails were clean, fresh and odour free, and ensured that all bedrooms received a deep clean at least once each week.

All staff had received training in infection control and when we spoke with them they showed a good understanding of the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards and vinyl gloves when handling food or completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. They told us that the registered manager undertook random hand hygiene checks to minimise the risk of cross infection.

Any maintenance tasks or repairs were logged and updated as they were completed by the maintenance officer. They would complete small repairs themselves or arrange contractors for more complex duties. In addition, the maintenance officer would work to maintain the appearance of the premises, completing tasks such as weeding or trimming hedges. They had recently pressure washed the decking area at the back of the home and laid down none slip matting to minimise the risk of accidents. They showed us plans to re-locate the smoking shed away from the patio entrance to avoid the odour of tobacco drifting into the conservatory.

Good

Is the service effective?

Our findings

The service worked closely with external bodies such as the local authority commissioning team and advocacy services to ensure that care and support was delivered in line with current best practice and legislation but took into account the specific and individual needs and wishes of the people supported. These needs were reviewed monthly to ensure that issues of concern were not overlooked.

When we asked them, people and their relatives told us that the staff were competent and knew how to meet the needs of people living at Passmonds House. One person told us, "Everything is as it should be, the staff are all good at their job", and a visiting relative believed that the service was, "Really good, I can't fault the staff; nothing is ever a problem. They understand [my relative] and know how to give the proper support needed." Discussions with the manager, observations and conversations with staff showed they had an in-depth knowledge and understanding of the needs of the people they were looking after.

Prior to working with people who used the service all new staff completed a self-assessment tool. If they had little or no previous experience in the care sector they were signed up to undertake the Care Certificate. This is a professional qualification which aims to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care. New staff completed a three-day induction to get used to the systems and processes in place and learn a little about the people who lived at Passmonds House. A further probation period looked at professionalism, relationships, teamwork, timekeeping and appearance. Each new care worker was assigned a mentor who recorded regular observations noting strengths and areas for improvement with actions and any feedback which would help improve performance. For example, one note we read showed a need to 'improve on communication with [people who use the service]' follow up notes showed that this had been discussed in supervision and the person had improved in this area of work.

Following a recommendation made when we last inspected Passmonds House the service had reviewed how training was delivered to staff. They had purchased a e-learning training package to provide training relevant to their role, including over twenty mandatory courses such as health and safety, infection control, food hygiene, first aid, moving and handling and safeguarding adults. The registered manager monitored staff progress through their learning, and systems were in place to highlight if a member of staff had not completed a course, or was in need of refresher training. They gave us a copy of the training matrix, which showed oversight of the level of training undertaken by staff. We saw that most courses had been completed by all staff, with some courses, such as dementia awareness and equality and diversity completed by all staff. When we asked staff about their training they told us that, "It's much better, but harder. We have to know it to pass, so the message sinks in."

In addition to mandatory e-learning, staff had face to face training for more practical requirements such as moving and handling and first aid. They told us that these sessions were informative and enjoyable. We saw staff files included copies of certificates to demonstrate that they had attended training and included evidence of any training completed prior to starting work at Passmonds such as National Vocational Qualifications (NVQ) or Health and Social Care accredited qualifications.

We also saw supervision notes, and the registered manager told us that all staff had a one to one supervision session every three months, or sooner if concerns had been identified or brought to the registered manager's attention. Supervision offers staff an opportunity to discuss issues relating to their work and ensures systems are in place for monitoring the performance of individual staff members and for allowing collective understanding of issues or concerns. The supervision notes we looked at showed evidence of reflection, learning and instruction.

People told us they enjoyed the food provided at Passmonds House. On the first morning of our inspection one person remarked, "They feed me well. Breakfast is good. Bacon and egg, or some mornings I have sausages". A daily menus board displayed the meal of the day, and menu cards were placed on each table. Lunch on the second day of our inspection was roast chicken and chips or cheese and onion pie. Most people chose the latter, and one person joked with us, "I've got gout, so that shows how good the food is!" People also told us that if they wanted something, staff would endeavour to get it for them. One person told us they liked a particular brand of meat pudding every now and again, staff would go out and get it for them, and another enjoyed ribs and peas occasionally.

Care plans noted any dietary requirements, and these were passed on to the kitchen. Examples included, 'small appetite, provide encouragement at mealtimes.' When we spoke with the cook they showed a good understanding of people's likes and dislikes and their dietary requirements showing us a noticeboard where any specific diets were highlighted. They were notified of any changes in dietary need, for example, if a person at risk of malnutrition required fortified meals.

The kitchen was clean, cleaning schedule and checks were completed appropriately. The cupboards, fridge and freezer were all well stocked. Options would be available for staff to prepare for supper and if anyone was hungry at night. Meals were served in two sittings, with the first sitting for people who required assistance with eating or were at risk of malnutrition to ensure that they were safe, and their food intake could be adequately monitored. We saw staff were kind and patient, sitting with the person, talking with them, establishing eye contact and helping them to eat and drink at their own pace. Lunchtime was a sociable, relaxed and happy occasion, with staff engaging well with the people who they supported. Staff wore tabards to prevent the spread of infection. There was a regular supply of hot and cold drinks served throughout the day, and we saw charts monitoring people's weight and if necessary their diet and fluid intake.

There were systems in place to ensure people's health and well-being were monitored and reviewed. We saw staff documented any changes to people's health conditions and contacted the relevant professionals, for example, speech and language therapists (SaLT) or continence nurses, for advice. Changes were easily identified within their care plans. People were supported to attend health care reviews, and hospital appointments. On the second day of our inspection one person was escorted to the dentist for a denture repair and fitting.

People told us, and we saw documentation in care files, that people were supported to see other health professionals when required. For example, we saw evidence of close co-operation and liaison with the local community mental health team including arranging an urgent mental health review.

Any professional visits were recorded in care records, and any instruction used to inform revised care plans. We saw, when we looked at case notes, that staff were attentive to health issues, for example, regular observations of skin during personal care tasks minimised the risk of pressure sores developing. In one note we saw a care worker noted a rash on a person's inner ankle. This was charted on a body map, a referral to the person's doctor was made and after a district nurse visited cream applied to treat the rash.

Communication amongst staff was good before, during and after each shift. A handover book recorded any changes in people's day to day mood, appearance and needs. Any ongoing issues were highlighted, for example if a person was subject to any legal or medical restrictions, if they were a smoker, or had poor mobility which might increase likelihood of falls. Instructions were provided to remind staff coming in to work of any actions, such as 'please contact GP regarding [person] as they are complaining of feeling unwell'.

We were told that staff had commented in their supervision sessions on poor communication, delegation and a lack of responsibility for completing tasks. Following a review, the registered manager had set up a 'WhatsApp' group to keep staff informed and assist communication. We were told that this had been well received. They had also introduced an allocation board which was completed prior to each shift by the senior in charge who allocated tasks. This meant each person was aware of their individual responsibilities and they informed us that the new system not only allowed for better delegation and completion of tasks, but also meant staff were more supportive of each other. One told us, "We needed structure, this provides it so we work together more". Another told us it allowed them to be more person centred because they knew who they were supporting each day and could spend more time with them without fretting about other duties.

When we walked around Passmonds House we noticed a number of changes had been made to improve the quality of the environment for the people who lived there. In the bathrooms, mood lights had been installed to make bath time a more pleasurable experience and new 'walk in' baths help people to maintain their independence. The conservatory had ben redecorated and furnished to make this area more attractive, and the outside decking area had been cleaned and brightened. Bedrooms had also been redecorated and personalised to reflect the tastes and personality of the people who stayed in them. One person told us, "Our rooms are good. There is enough space for our stuff and its comfortable. I like my room". The upstairs lounge had been converted into a new 'cinema' and games room with the addition of a large screen and projector. We were told film nights were popular especially with the younger people at Passmonds House.

During the day however, people preferred to stay downstairs. This meant lounges were crowded; there was little room between chairs and not always enough room for side tables. This meant that when people had drinks and snacks some had to balance their cups and saucers on their laps. The registered manager told us that they were looking at ways to better utilise the space available but were limited by the design of the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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. The service had a detailed MCA policy. Staff had been provided with training in this legislation and were able to feedback how they put it in practice.

Staff were able to explain the best interests process and when it was required and were able to give examples of where they made decisions for people and where people were supported to make their own decisions. In discussion with one care worker they told us they recognised that some people had fluctuating capacity. They told us about a person who had 'good times' especially before lunch, when they were able to make reasoned decisions about various aspects of their life, but at other times they might not.

The care records we looked at had individual capacity assessments for people's needs and this was reflected in care plans. Capacity assessments were decision specific and documented what decisions

people were able to make for themselves.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had an effective system for monitoring any applications and authorisations to ensure they were reviewed appropriately. Capacity assessments were held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Best interest meetings had been held to support the decision-making process for people who could not make decisions for themselves, and staff were aware of when a DoLS had been authorised, or if there were any conditions attached to the authorisation. At the time of our inspection 19 people were subject to deprivation of liberty authorisations. Any changes in people's capacity were recorded, and evidence of best interest decisions was provided.

Care staff were aware of the importance of asking people for consent before undertaking any care. When we asked if they were offered choices, people told us that they were always offered a choice.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. This meant staff understood how to best communicate with people. People could receive information in formats they could understand, such as in easy read or large print and the service could provide information in other languages if required. We saw that the complaints policy on display was written in large font to help people with poor eyesight to read the policy.

Good

Is the service caring?

Our findings

People told us they found that they were comfortable with the staff who supported them and that they were kind and caring. One person said, "The staff are good, they look after us well. Even the cleaners and kitchen staff. All is well". Another reflected, "There are some difficult people here, but the staff show they care for them just as much. They are kind and patient with all of us". They told us that they thought the care staff made an effort to get to know them. Staff agreed that this was important and spoke affectionately about the people they supported, demonstrating an understanding of the different personalities and characteristics of all the people who used the service.

People were treated as individuals. For example, one care worker told us about a person who liked to stay up late, and how they had used this time to develop a rapport with the person, "It's their home, so we have to respect that, to follow their lead. We talk to people and find out what they like and dislike. Its very person centred." A person we spoke to told us, "I love it here. I came for a look and decided to stay. I am well looked after as they know how to care for me; anything that's a problem they'll sort out".
People were well dressed and groomed. We saw that staff addressed people by their preferred names, and spoke to them in an unassuming way, making eye contact and touch when appropriate. A visiting relative told us, "The staff are really good. [My relative] is always clean and well presented. [They can't toilet, but staff check and are always supportive, so there are no accidents. They also check to make sure [my relative] is comfortable, despite poor mobility there have been no pressure sores [since they came here]".

Staff formed positive relationships with people and demonstrated a good knowledge of their physical, social and emotional needs. One person, commenting about the staff told us, "They are all different, but they are all nice. No complaints from me".

We saw people were encouraged to form friendship groups and talked with one another. One person told us, we all get on with each other, so it's nice here". On the second morning of our site visit we conducted a short observational framework intervention (SOFI) to observe the mood and behaviour of people and any interactions with the staff. We saw people were relaxed and content and talked with one another. Discussion about the previous evening's activity led to lively conversation in lounge, which in turn led to a discussion and reminisce about old local theatres and 'picture halls', and which shows they had seen where.

People looked relaxed and content; staff monitored and checked on people's welfare but were not intrusive. One person told us, "They know what I like, and when to leave me in peace". A staff member began supporting people to compile a list of relatives and friends to whom they might want to send Christmas cards and offered to assist them to write and post any cards asked for. Staff were vigilant to need. One care worker noticed one person was not their usual self and offered to fetch a blanket. When they brought this, they spoke quietly to them to check their welfare and offered to call a doctor. Later they came back to say the doctor had been called and would visit around lunchtime.

People's care records made clear what people required support with and what they could do independently. They included a life history which helped guide staff and gave them an understanding of a

person's background, culture and social norms. People and their representatives were encouraged to discuss goals about what they would like to achieve, and individual needs were recognised and accommodated. One person liked to have a daily newspaper, which was delivered, and another liked a specific brand of meat pie; this was provided. Care plans were written in a person-centred way and gave clear instructions to inform staff how best to respond and meet people's needs. They included any religious observances, and where appropriate the importance of this in people's lives. people were supported to continue to practice their religion, and a number of people received weekly holy communion delivered by a visiting cleric, and others were supported to attend services.

Staff treated people and their belongings with respect and understood their need for privacy. Signs on bedroom doors reminded people to respect privacy, and one person told us, "They always knock on my door, never barge in". Information held about people, including all care records were securely stored when not in use, but staff had access and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

Relatives we spoke to told us that they felt comfortable visiting Passmonds House. There were no restrictions on visiting and people were made to feel welcome. Visitors we spoke to informed us, and we saw, that staff knew who they were, addressed them by name and were always welcoming. We read one comment in the compliment file which stated, "We were made very welcome when we arrived to see our [relative]. We could see that she was extremely happy, and she told us this. She is very happy with her care; the staff are very kind".

Good

Is the service responsive?

Our findings

Prior to their admission, the registered manager completed a pre-admission assessment for each prospective new person entering the service. This provided useful information about people's needs and personality which was used to formulate a care plan. When new people moved in to Passmonds House, a key worker would work with them to help them settle into their new home, introducing them to others and help them to build up confidence and feel at ease in their surroundings. This also allowed care staff to build up their knowledge and understanding of the people who they supported which in turn helped to develop their care plans.

We looked at seven care records. Each provided enough detail to guide staff on the tasks required to support people. A short section at the front of each care file highlighted any specific areas, for example, one noted poor balance to remind staff to be attentive to the risk of falls and trips, but was mindful of maintaining independence, and stressed areas where people were able to do things for themselves. A section entitled "all about me" provided information which would provide useful background information about the person. Where possible people had been encouraged to complete this section themselves, and this provided clues to the persons character, and what they felt was important to them, such as good health, or maintaining contact with specific people. Further sections provided staff with information to guide them on specific care requirements, such as personal care, mobility, dental and foot care, continence needs, mental health and any cultural or spiritual needs. Where there was a temporary change in people's needs, such as when they were on a course of antibiotics or were poorly and needed to be nursed in bed, an interim care plan documented the changes. Where one person was provided with a short course of antibiotics we noted the care plan reminded staff to be vigilant to the impact this might have on their general health and mobility.

Daily care notes clearly documented any interventions with each person and included details about their activities, mood and how their needs had been addressed. Care plans were reviewed on a monthly basis, and written progress reports gave a good indication of changes in people's needs. When we noted that the information in one progress report could be misinterpreted, the registered manager agreed and amended the way this report had been written.

People's care records clearly documented their needs and what support they required with day-to-day living tasks such as eating meals or with personal care, and care plans detailed activities, mood, interactions and recorded daily checks on food intake, elimination, sleep patterns and personal hygiene. Monthly checks were made on people's weight, and regular checks made to monitor any changes. These included Waterlow pressure scores which measures risk of skin breakage, or Malnutrition Universal Screening Tool (MUST) which is a commonly used screening tool which helps identify adults who are at risk of malnutrition or obesity.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the managers, staff and people who used the service demonstrated that

discrimination was not a feature of the service. We saw that staff received training in equality, diversity and human rights. This gave staff information on the risks to people's human rights in health and social care provision. Whilst staff were respectful of people's values, traditions, and cultures, they recognised that some people held prejudicial views. One care plan noted a person's racist tendencies and included suggestions to staff on how to deal with this. Staff told us that they were not afraid to challenge and help people to reflect on their views.

Each care record we looked at included a thorough life story, which included useful information about the person, their likes, hobbies and interests. We were told that this was used to help plan activities and to ensure that people's specific social and recreational needs were not overlooked. During our inspection we saw people were actively engaged in activities. The service employed an activity coordinator who was keen to keep people as active as possible. We observed a lively rock 'n' roll session where people would get up and have a dance or sit and tap along with the rhythm. The activity coordinator told us, "It's good to have a bit of fun, and the staff make it a great atmosphere. I feel uplifted after seeing people enjoying themselves". Other activities observed included a colouring and drawing class, singalong session, and people designing and making Christmas decorations. We were told that children from a local school choir were scheduled to visit to sing Christmas carols, and some people who lived at Passmonds House had been invited back to the school to eat Christmas lunch with the children. The service sought regular entertainment; On the evening of the first day of our inspection a theatre group visited to perform a pantomime, and one person told us that they enjoyed visiting performers such as an Elvis tribute act. When we asked them, people told us that they felt there was enough for them to do. One person said, "I don't get bored – never. There is always something to watch or people to talk to". People had been encouraged to form their own friendship groups, and we observed two people had become close to each other, we saw that they went out together for a short walk around the grounds.

We saw that the service had a complaints policy and people who used the service told us that they were aware of how to complain if they needed to. None of the people we spoke with had raised a formal complaint. One told us, "I know how to complain but I have nothing to complain about. If I did I'd let [the registered manager] know straight away". Another joked, "I've no complaints. My only complaint is I can't drive, but I'm too old for that now. Here I can sit back and enjoy the ride!" When we looked at the complaints log we saw that there had been two formal complaints since our last inspection. There was evidence of a full enquiry and where the service was at fault apologies were given. The complaints policy was displayed on the main noticeboard in large print with contacts of where and who to make a complaint or any concerns.

At the time of our inspection nobody who used the service was at the end of their life, but staff at Passmonds House supported people to consider their final needs and wishes and consulted them about how they wanted to be supported at this time. Each person had a 'thinking ahead' plan and 'celebrating my life' documents noting any specific wishes the person might have regarding their death and funeral. This included any concerns they might have and noted any religious beliefs the person may want to be observed. People were asked how they would like to be supported at the end of their lives, but we were told that most people did not want to consider this. The service had recently amended the preadmission assessment to include consideration of end of life care plans.

Where appropriate a 'do not attempt resuscitation' form (DNAR) signed by the person's GP was kept at the front of the person's file. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR).

Good

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Passmonds House is registered with the Care Quality Commission. At our last inspection the manager had applied to register, and this application was successful. She had previously worked at Passmonds House as a care worker and deputy manager. She was present throughout the inspection.

Everyone we spoke to held the registered manager in high regard. A visiting relative told us, "[The registered manager] is brilliant with the people here, she really understands them all", and a person who lived at Passmonds House said, "She is really nice and ever so helpful, nothing's a problem". Staff agreed; they told us that the registered manager was, "Fair and straight talking, and "professional".

We saw a number of improvements had been made to the service since our last inspection, and many of the staff we spoke with attributed this to the registered manager. One care worker told us, "Her heart is so much in it; her dedication is unbelievable". Another remarked, "[The registered manager] is brilliant, we've seen loads of improvement. She's been here and done all the work, so she knows it back to front, knows what it's like for us, and knows the residents. When things need to be done she will be there, always with a smile, and that's what staff want".

When we spoke with the registered manager she told us that saw Passmonds House as a place people lived, and tried to engender a familial feel, People who lived there felt that Passmonds House was their home; we overheard one person returning from a trip out: ""I enjoyed myself, but it's always good to come home". The staff also felt they were part of a family and understood that relationships could sometimes be strained. Speaking honestly, one commented, when asked about how people worked together, "We get on fine. Some days I could punch [colleagues], but we all pull together, we have a bit of banter and all get on".

We saw that the registered manager was visible around the home every day when on duty. She showed a clear understanding of her managerial role and recognised the needs of the people using the service and was supportive to all staff.

Staff at Passmonds House also understood their role and function. They had access to a range of policies and procedures to enable them to carry out their roles safely. All policies had been reviewed and refreshed in June and staff signed to say they had read them. We looked at the policy on equality and diversity which was up to date and reflected current guidelines and legislation.

Staff supported people in a person-centred way and promoted their independence. They worked well together, taking mutual responsibility to ensure all tasks were carried out in a timely manner. The positive culture of the service was reflected in the interactions we observed to encourage people who used the service to maintain their independence and listen to them, as well as providing support.

To improve the quality of the service the registered manager sought the views of staff, visitors and people who lived at Passmonds House. Surveys for people who used the service and their relatives were conducted

on a regular basis and comments used to drive forward improvements. A recent survey about the home décor had led to a number of changes. People told us that they had been asked about meals and activities, and we saw these had helped to shape service delivery. The registered manager told us that they did not hold meetings for relatives; when they had tried to arrange these in the past people showed little interest. However, when we spoke with relatives they told us that the service communicated well with them and would always let them know what was going on in the home, keeping them up to date with any developments. They also told us that they were kept informed of any changes in their relative's condition, especially when they were unwell, and felt comfortable about contacting the service.

The manager had developed systems to monitor the service and showed us a list of audits undertaken either weekly, monthly or six monthly. This list, including staffing, training, activities, nutrition, incidents, and medicines was up to date and evidence showed regular checks. We looked at audits undertaken for medicines and for accidents and incidents. When we looked at the latter we saw that incidents were analysed and checked for patterns and trends, which could assist in preventing similar incidents occurring.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker.

The registered manager told us that the owner was supportive and visited the service on a regular basis. In addition, the registered manager valued the support provided by the area manager, who had previous experience of managing a care home and provided valuable mentorship to the registered manager. Twice daily the staff at Passmonds House would conduct a 'walkabout' checking the security and safety of the service and reporting back to the provider by text message, including any concerns or issues to be addressed.

The registered manager told us they attended local residential care forums organised by the local authority which kept them informed of best practice. She felt supported by commissioners and the local authority quality assurance team and told us that they had developed a good working relationship with the commissioners, who were supportive and helpful. When we spoke with them, the commissioners spoke positively about the improvements at Passmonds House, and told us that the registered manager and provider were willing to listen to advice and regularly sought their support and guidance.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.