Copenhill Limited

Pendruccombe House

Inspection report

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13 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 13 April 2016 and was unannounced.
Pendruccombe House provides nursing care and accommodation for up to 54 persons. There is a Residential Home and a Nursing Home that are on two distinct sites on the same location; plus a domiciliary care agency which provides a personal care service to people living in their own home which operates from the same location. On the day of the inspection, 49 people were living at the home and 20 people were being supported with their personal care needs in their own homes.
The service had a registered manager in post. 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 and staff were relaxed throughout our inspection. There was a very calm, friendly and homely atmosphere. People told us they enjoyed living in the home . Comments included, "I'm very happy here. There's good food and lovely staff."

People and their relatives spoke highly of the care and support that staff gave. Care and support focussed on the person, their individual needs, their likes, dislikes and the routines that were important to them. When people's needs changed staff reacted promptly, and involved social and health care professionals if needed. One person commented, "The staff are very, very good. They've got my full recommendation. I'm only too pleased to talk about them."

People were provided with adequate food and fluids to maintain their nutritional needs. Staff supported people to eat and drink as needed. Where concerns were raised action was taken. People chose the meals they wished to eat and decided where to eat them. Special diets were available for people with particular dietary needs. People who were at risk of choking had their meals prepared in line with their care plan to help reduce the risk.

People told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse. They demonstrated good knowledge of how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Medicines were managed, stored and disposed of safely and people told us they received their medicines on time. However, where medicines needed two signatures to confirm they had been administered safely, the person providing the second signature had not always received medicines training. Also, there was no clear direction given to staff on the precise area prescribed creams should be placed and how often; some creams

had been recorded as 'no creams available' for several days and creams were not all dated when opened, so staff knew when to dispose of them. The registered manager and staff took immediate action regarding these concerns.
People and those who mattered to them knew how to raise concerns and make complaints.

New staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. This helped ensure positive progress was made in the delivery of care and support provided by the service. A member of staff told us, "The managers are really supportive and encourage us to come forward with any ideas."
The registered manager and staff understood their role with regards to the Mental Capacity Act (2005) and where applicable the associated Deprivation of Liberty Safeguards.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse.

People were protected by staff who understood and managed risk. People had risk assessments in place so staff knew how to mitigate risks identified.

Where gaps in the safe administration of medicines was highlighted, the registered manager and staff took immediate action to address them.

Is the service effective?

Good

The service was effective. People were looked after by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required.

Staff received a comprehensive induction and regular training to ensure the care they provided was based on current best practice.

People's nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring. People were looked after by staff who treated them with kindness and respect.

Staff spoke about the people they were looking after with fondness.

People and relatives spoke highly of staff and said they were treated with respect.

Staff were proactive in supporting people's wellbeing.

Is the service responsive?

Good

The service was responsive. People had care plans in place to reflect their current needs. Care was centred on the person.

Activities were provided that took into account people's interests and abilities.

People and their relatives knew how to complain and concerns and complaints were used to improve practice.

Is the service well-led?

Good

The service was well-led. People, relatives and staff said the service was well-led.

The registered manager had audits in place to help ensure the quality and safety of the service.

People and staff felt the registered manager was approachable and had developed a culture which was open and inclusive.

Pendruccombe 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.

The inspection took place on 12 and 13 April 2016 and was unannounced.

The inspection was made up of one inspector and one specialist nurse advisor.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifcations. Notifications are specific events registered people have to tells us about by law.

During the inspection we spoke with ten people and five friends and relatives. We reviewed seven care plans in detail. We observed how staff interacted with people. We also spoke with ten staff and reviewed three personnel records and the training records for all staff. We were supported on the inspection by the registered manager.

Other records we reviewed included the records held within the service to show the registered manager was reviewing the quality of the service. This included a range of audits, questionnaires to people, minutes of meetings and policies and procedures.

After the inspection we contacted two district nurses who had regular contact with the service.

Good

Is the service safe?

Our findings

People told us they felt safe. People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff commented, "The manager would definitely take concerns seriously" and "I would be taken seriously here, 100%". Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People and staff told us they felt there were always enough
competent staff on duty to meet people's needs and keep them safe. A staff member told us, "Yes, there are enough staff. We all work together well as a team too." Staff were not rushed during our inspection and acted quickly to support people when requests were made.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. A staff member explained, "People have varying ability in terms of mobility so the risk assessment sets out how many staff need to support the person. It's reviewed regularly and as their needs change. There are risk assessments for other things too such for choking, behaviour, diet, whatever the person needs."

Medicines were managed, stored and disposed of safely. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged
and fell within the guidelines that helped ensure quality of the medicines was maintained. Staff who administered prescribed medicines were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. However, staff who were sometimes used as a second person to check controlled drugs being administered had not received training to do this. The registered manager told us they would find appropriate training for these staff to help ensure they had sufficient knowledge to fulfil this role safely.

Medicines Administration Records (MAR) were all in place and had been correctly completed.
However, there was no clear direction given to staff on the precise area prescribed creams should be placed and how often. The registered manager planned to add body maps to people's care plans to help ensure staff had this information available. Some creams had been recorded as 'no creams available' for several days and creams were not all dated when opened so staff knew when to dispose of them. A member of staff took immediate action about this and planned to improve how staff recorded and communicated such information.

People told us their medicines were administered on time and as they would like and confirmed staff asked for their consent before giving them their medicines. Senior staff met with the GP and pharmacist every 6 months to discuss everyone's medicines and ensure they were still meeting their needs.

There was a new computerised system in place which meant that if any tasks relating to a person had not been completed within the required time frame, the responsible staff member and the registered manager were alerted. This helped ensure people received the right care at the right time to keep them safe.

Personal Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency. This included displaying key evacuation information on people's doors, which told emergency service what level of support they would need in order to be evacuated. However, agency staff reported they had not received an induction into these procedures to help ensure they knew how to keep people safe in an emergency.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "I'm very happy here. There's good food and lovely staff", "The staff are nice, we're lucky really" and "The staff are very, very good. They've got my full recommendation. I'm only too pleased to talk about them". Feedback left for the registered manager from an agency staff member stated, "The care staff are amazing, friendly and well trained". A relative confirmed, "The staff are very professional."

New members of staff completed a thorough induction programme, which included a checklist of the home's policies and procedures, training to develop their knowledge and skills and time to get to know people and the environment. The registered manager requested all staff complete the induction checklist annually to ensure they remained up to date with all aspects of the service. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. Staff shadowed experienced members of the team for two weeks or until both parties felt confident they could carry out their role competently. Staff were paired with a buddy who gave them support throughout their induction. New staff members explained, "I do think the two weeks shadowing was excellent. They make sure you feel comfortable and if there's anything you're unsure of, they set up training" and "They told me, if I wasn't confident after two weeks, I could shadow for longer". A domiciliary staff member confirmed ,"The manager spoke with other staff to check I was doing ok and checked if I felt confident too, before I went out alone."

On-going training was planned to support staffs' continued learning and was updated when required. The registered manager explained, "Staff complete distance learning booklets and attend practical training on the same subject. We also provide drop in sessions for staff to come to for extra support, if they need it. All staff do the same training at the same time so they can support each other." Staff felt they received enough training and told us they could always ask for extra training if they felt they needed it. One staff member told us, "Yes I have lots of training. It's updated all the time because things change." A relative confirmed, "The quality of the training is high. They are all well trained."

The registered manager told us how they supported staff to achieve nationally recognised qualifications explaining, "We encourage staff to go as high as they can with NVQs. Several have done level 5 in leadership and management." This helped enable staff to take part in training designed to help them better their knowledge and help provide a higher level of care to people. Staff confirmed they had been supported by the registered manager to increase their skills and obtain qualifications. One staff member confirmed, "I was encouraged to do my NVQ 3 when I started. I needed the encouragement and I know it helps with my work." The registered manager was keen for staff to continually develop their skills telling us, "If they can't go any further with NVQs, we encourage them to do extra modules within the NVQ or become the link worker for areas such as tissue viability or incontinence. They liase with the link nurse about best practice and feedback to staff."

Staff commented they felt well supported through supervision, daily handovers and team meetings that took place. Staff used this time to discuss issues of concern, learn from each other and follow best practice

advice. Comments included, "I find supervision useful. We discuss training and anything that's not working well. It's nice to be able to have a talk with a senior staff member. My last supervision highlighted my manual handling training needed updating and it was." Spot checks were used with domiciliary staff to help ensure they were working to the standards required. A staff member commented, "The spot checks are useful. If we're not doing something correctly they need to pick us up on it and it's also a chance for them to give us advice so we can improve." The last set of spot checks completed had identified staff were not using protective aprons as required when providing care, so this was highlighted at the next staff meeting for staff to improve their practice.

People had their healthcare needs met by staff who quickly recognised changes to their health and referred them to external professionals when necessary. Staff knew people well and told us this helped them recognise if people were unwell. They also explained that the computer system, where they logged details about people's health, would highlight anything which was abnormal for them. For example, if someone had not been to the toilet over a period of time this was highlighted for staff to act upon. A staff member explained, "Any changes, we report to a senior and care plans are updated or they will refer the person to the appropriate professional." A relative confirmed, "They will instantly pick up if there's a change or concern, even if it's really small." Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. A health care professional confirmed they were contacted if there were any concerns about anyone's health.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records demonstrated MCA assessments took place as required. Staff ensured their care was discussed with a range of professionals and the family where appropriate to help ensure decisions were made in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. This included administering medicines and personal care. Consent was sought and formally recorded throughout people's care plans. For example, consent to share personal information, to receive care and support and to live at the home were sought regularly as care plans were updated.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they
wished to have made available to them. People told us they were given a choice of where to eat and, those eating in the dining room, were asked where they would like to sit. Staff happily moved tables or chairs to accommodate people's wishes.

We observed staff ask people for their preference of meal from the choices available on the daily menu. When people suggested alternatives that were not listed on the menu this was respected without hesitation. Staff told us, "We always ask them what they want to eat. The kitchen are good, they always get them what they want" and "There's always something people can have. If they don't want one of the two options. I ask them what they want. One lady often doesn't like the options so I go to see her every morning to see what she fancies". Staff asked people how hungry they were before serving people's food to help ensure they served the correct size portion. A relative confirmed, "They're aware mum has difficulty eating so will order a smaller portion so it's not off putting."

We observed staff interaction with people during the lunch time period. People were relaxed and told us the meals were good, at the right temperature and of sufficient quantity. Comments included, "The food's good", "The food is decent, you have several choices" and "It's lovely. Whatever you want, whenever you want". Staff interacted with people in a very friendly way and sensitively supported people when they requested assistance. One staff member told us, "Sometimes people ask for help or sometimes we offer. Especially if we've seen someone in the morning and we know how they are today."

Where necessary, staff recorded how much people ate and drank to highlight if they needed extra support to remain healthy. However, fluid intake for some people was low and there were no related actions recorded. The level of fluid staff were expecting people to drink had been set too low which meant neither staff nor the computer system had recognised it as a concern. A senior staff member acted to resolve this issue immediately.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. A relative commented, "They treat my relative like a human being and get to the core of who they were and show an interest in them." There was a relaxed atmosphere between people and staff and people felt comfortable requesting support from staff. Staff spoke with respect and chatted and joked with people telling us, "I like looking after the residents. I love coming in to see them" and "The residents are lovely". A social care professional commented that staff seemed happy and it seemed a happy place.

Staff regularly showed their fondness for the people they supported. For example, staff had drawn a heart on the serviette one person received with their lunch. It clearly made the person happy that someone had done this for them. A relative of someone who used the domiciliary care service told us, "They always go the extra mile. They have cleaned and dusted in any spare time they have, even though they don't need to; and one of them brought a cushion to try because they thought my relative might find it more comfortable. My relative finds new faces difficult to get used to, so they bought them roses and a cake. It really brought back how they [my relative] used to be; and it really impressed me. No-one asked them to do it, it was just out of the kindness of their hearts."

People were supported by staff who interacted with them in a caring, supportive manner. Staff showed concern for people's wellbeing in a meaningful way and were proactive in helping people maintain it. The registered manager told us, "When the lounge was being decorated, two ladies who usually spend the day together in there, might have missed that contact; so we put their chairs in another room so they could still spend their time together." A staff member explained there was an emphasis on considering people's wellbeing, teling us, "I had time to get to know people. The manager said 'We are going into people's houses so I want them to feel as comfortable with us as possible." A relative told us staff considered their well being too saying, "They're here for the family as well. They always ask how I am too."

People were in control of their care and staff listened to them. Staff told us they encouraged people to remain as independent as they possibly could and provided the necessary support or equipment required to maintain this. Comments included, "We don't try to take away independence but do things in a way that helps. We don't rush or pressure them" and "I encourage people to be as involved in the task as possible". People were given explanations from staff whilst receiving support or care to ensure the knew what was happening. For example, a staff member supporting someone to sit at the dining table told the person, "I'll just move your walking frame out of the way and then I'll push your chair in."

People told us staff protected their dignity at all times. For example, staff were discreet when delivering personal care and curtains were always drawn and doors shut. We observed offers of care in public areas were given discreetly.

Good

Is the service responsive?

Our findings

People told us they were supported by staff who were responsive to their needs. Comments included, "All the staff, you can ask them anything and they're very good", "They're all lovely. If I ask them to do anything, they do it" and "I think the staff are wonderful. They do whatever I need. I'm full of praise for them".

Care records contained information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. The registered manager told us this was an area that was under development and there was an emphasis on making the records even more personalised. Staff were being actively involved in adding personalised detail to people's care plans. Comments included, "We work with them every day quite closely, so our information is used to revise their care plan or risk assessments" and "They always add new information we find, to care plans. They contain our input and it makes you feel valued".

Care plans were reviewed on a monthly basis to help ensure they reflected people's up to date needs. People and where appropriate, those who mattered to them, were actively involved in the process to help ensure their views and preferences were recorded, known and respected by all staff. A staff member confirmed, "We go to the residents to ask their opinion when updating their care plans."

People were involved in planning their own care and making decisions about how their needs were met. For example, one person's care plan recorded their wish to have fresh towels every day, which staff respected. People were given choices about how they spent their time. Staff asked one person, "Are you going outside again?" before closing the external door for them.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. Staff told us, "We base activities on what people want to do at the time" and "We'll do whatever people want, even if it's just sitting and chatting or reading the newspaper to them". Recent activities had included baking, gardening, trips to the seaside and to where people used to live. External professionals had been sourced to provide further activities, such as chair aerobics, singing and an opportunity to buy clothes. One person commented, "There's plenty to do if you want to."

Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. A staff member told us, "I plan to do activities for everyone's individual needs. Not everyone's the same so I try to plan accordingly. I do one to one activities too. People might want to go shopping, read a book or play dominoes. I'll go out of my way to make things happen for people. One lady had a wedding coming up and wanted to go shopping for an outfit. We did that and then went for a coffee too." One person told us, "I like reading. If I need a new book, suddenly some appear!"

There was a designated activities co-ordinator employed to help ensure people were given time to express their views about how they wished to spend their time. Resident's meetings were held where people could discuss what activities they would like to do. A staff member told us, "Through the residents meetings people asked for more activities, so we're hoping to have a second person to provide activities too." The

registered manager also explained, as care plans were updated, information about people's previous interests would be used to inform staff when planning personalised activities for people. A staff member confirmed, "People's background information is really useful as it gives us a good idea of how to engage with people."

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were acknowledged and investigated. Actions were communicated and the complaint closed when the complainant was happy with the outcome. In response to a recent complaint, the registered manager had attended a meeting of people and professionals who knew the person well, to ensure staff were acting in the person's best interests. People told us, "You won't find much wrong here" and "I wouldn't change anything but I feel I could say if I wanted something different". A relative confirmed, "My sister had a concern about mum and it was resolved straight away. It was nice to get it sorted so quickly."

Good

Is the service well-led?

Our findings

People, relatives and staff told us they felt the service was well led. Feedback to the service from one person stated, "I think it is run excellently and I am very happy here". A relative told us, "It's been a lovely experience and I've already recommended them." An agency member of staff had left a compliment, commenting "The home is clearly well managed."

The registered manager took an active role within the running of the home and had good knowledge of people and staff. There were clear lines of responsibility and accountability within the management structure. Staff were inspired to provide a quality service. The PIR stated "We believe the approach taken by managers is likely to have a great bearing on the performance of the staff and ultimately the quality of care." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. One staff member commented, "I feel trusted in my opinions and that makes me feel confident about my work."

People, visitors and staff all described the management of the home to be approachable and supportive. Staff comments included, "We are very supported by managers, both professionally and personally. We see them all the time and every morning at handover" and "We do get a lot of support. The managers go out [to domiciliary clients] too and see what we do on a day to day basis. It helps them understand what we're doing". The PIR detailed the registered manager's open door policy to enable staff to discuss work issues or ideas whenever they felt the need. Staff confirmed, "Seniors always tell us the door is always open if we need anything", "If there's anything we're unsure of, we speak with [...] and they'll help us out" and "They'll give advice when I need it but they don't criticise".

Staff told us they felt empowered to have a voice and share their opinions and ideas they had. One commented, "The managers are really supportive and encourage us to come forward with any ideas." Staff were able to do this in a variety of ways, including staff meetings and informal chats. Staff meetings were regularly held to provide a forum for open communication which resulted in actions to improve the service. For example, at a recent team meeting staff from the domiciliary service suggested extra training they felt would be useful in their role, so this was being arranged. One staff member also told us, "If we have any queries or ideas, we just ask for a meeting with a manager and they will listen." The registered manager intended to encourage this type of communication by holding regular drop in sessions for staff, where they could discuss any ideas or concerns in an informal way. Staff opinions were sought via a regular survey which asked their views on topics such as work life balance, training, staffing levels, supervision and support from management. The results were used to improve the support staff received and the quality of service offered to people.

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed

appropriately.

The provider sought feedback from people and those who mattered to them in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. The registered manager intended to do this more frequently in the future to help ensure they were aware of any concerns more swiftly and able to measure improvement more effectively. A staff member working in the domiciliary part of the service told us, "We sent out quality assurance questionairres after six weeks to make sure what we were doing was right. The feedback was really good. It makes you feel really proud."

Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

The registered manager had a number of audits in place to ensure the quality of the service. This included an audit of medicines, care plan audit and audit of falls. These were completed at regular intervals and action was taken as required. The registered manager advised learning which needed to be applied to the service as a whole was then reviewed.

The registered manager had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.