

Pembroke Care (Reading) Limited

# Pembroke Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 08 November 2016.

Pembroke Lodge is registered to provide care (without nursing) for up to 20 older people. There were 14 people resident on the morning of the visit and a person moved in at lunchtime on the day of the inspection. The building offers accommodation over three floors. The first and second floors are accessed via a staircase or lift. Part of the second floor requires people to gain access from the staircase. Only people who are able to negotiate stairs safely are allocated rooms in this area.

We inspected the service on 13 and 14 August 2015, at that inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated as requires improvement in areas such as care plan records, choice of foods and the environment for people living with dementia.

The service has a registered manager, who is also one of the providers, running the service. 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.

The management team kept people, visitors to the service and staff safe. Risks were identified and managed to make sure that people and others were kept as safe as possible. Staff were provided with training in the safeguarding of vulnerable adults and health and safety. Staff were able to describe how they kept people safe from all forms of abuse.

People were provided with safe care by adequate numbers of appropriately skilled staff being made available. The service's recruitment procedure, generally, ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by senior staff who had been trained to carry out this task.

The management team and staff protected people's rights to make their own decisions and consent to their care. The management team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. Care staff knew who and when to discuss consent issues with the management team. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Where people did not have the capacity to make their own decisions about all aspects of their care, appropriate DoLS referrals were made to the local authority.

People's health and well-being needs were met by staff who were trained and supported to offer effective day-to-day care. People were assisted to make sure they received health and well-being care from appropriate professionals. Staff were trained in necessary areas so they could effectively meet people's

diverse and changing needs.

People and staff built effective relationships and staff provided caring and compassionate support. Staff encouraged people to make as many decisions and choices as they could to enable them to keep as much control of their daily lives, as was possible. People were treated with kindness, dignity and respect at all times.

People benefitted from a well-managed service. The registered manager and management team were described as approachable and open. The service made sure they maintained and improved the quality of care provided.

## 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.

People were given their medicines safely.

Staff protected people from any type of abuse.

There were enough staff to make sure people were cared for safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

### Is the service effective?

Good ●

The service was effective.

People were supported and cared for by staff who had been trained to meet their needs.

Staff helped people to take all the necessary action to stay as healthy as and happy as possible.

Staff supported people to make decisions for themselves and choose their own lifestyle.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently with people.

People were helped to stay as independent as they were able for as long as possible.

The home had a friendly and homely atmosphere where people and staff felt at ease.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were responded to quickly by the care staff.  
People felt they were listened to by the registered manager and staff team.

People were recognised as individuals and were supported and cared for in the way that they preferred and that suited them best.

People were provided with daily activities which they could participate in if they wished.

People and their families knew how to make complaints about the service if they wanted to. They were confident these would be listened to and acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service kept accurate records relating to people who live in the service and other aspects of the running of the service.

The registered manager and management team checked the service was giving good care to people. They made changes to improve things, as appropriate.

# Pembroke Lodge

## **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 inspection took place on 08 November 2016. It was unannounced and carried out by one inspector

Before the inspection we looked at the previous inspection report and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called 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 to us. Additionally we spoke with five people who use the service, the two deputy managers and three care staff. We received feedback from a local authority commissioner, four professionals and three relatives after the inspection visit.

We looked at the records, including plans of care and daily notes for five people who live in the service. In addition we looked at a sample of other records related to the running of the service. These included medicines administration record charts, four files of staff recruited in the previous 12 months, staff training records, duty rosters, menus and records used to measure the quality and safety of care provided.

# Is the service safe?

## Our findings

People told us that they felt safe in the home. Comments included, "I'm safe here" and, "Yes I'm sure I'm safe." Staff told us they had never seen anything they were not comfortable with. Relatives of people who live in the home commented, "I am happy that the residents are safe and secure..." and, "I feel that [family member] is safe and is treated very well. We have never at any time seen anything that has made us uncomfortable."

People were protected from abuse or harm. Care staff were trained in the protection of vulnerable adults. They understood their duties and responsibilities with regard to safeguarding people in their care. Staff described the actions they would take if they identified any safeguarding concerns and were confident that the registered manager would take prompt action to protect people. The service had not reported any safeguarding concerns to the local authority during the past 12 months. The local authority commissioning team reported that the service had not been visited by commissioners in the previous 12 months and they had received no information about the service.

People, staff and visitors were kept as safe as possible, whilst in the home. For example the deputy manager told us thermostatic valves were fitted to all sites of total immersion. Staff tested and recorded water temperatures, as noted in the individual's scalding risk assessment, before assisting people into the bath or showers. Staff followed health and safety policies and procedures which were up-dated annually. The service completed health and safety inspections of the premises to check everything was in order, the last inspection was completed in July 2016. Maintenance checks to ensure the service was safe were conducted at the required intervals. For example legionella testing had been completed in February 2016 by an external specialist contractor. A scheme of control for legionella prevention was produced and any recommendations made were implemented in a timely way. The service had comprehensive plans in place to instruct staff how to deal with foreseeable emergencies. These included evacuation procedures and loss of supply of services such as gas and water.

People enjoyed living in a clean and hygienic environment where they were protected from infection, as far as possible. People and relatives told us the home was clean and hygienic. One relative commented, "Pembroke Lodge is clean and always smells of washed linen, or something nice cooking for lunch." Infection control policies and procedures, which staff followed, were in place. The service was awarded a rating of four (good) by the environmental food safety standards agency in July 2016. The chef told us the rating was as a result of ongoing up-dating work to the kitchen. One recommendation was made, which had been implemented.

The safety of people and staff was improved because the service learned from accidents. Accident reports recorded what had happened and the immediate action taken. Whilst it was evident in procedures and care plans that action had been taken to minimise the risk of recurrence, these actions were not always clearly recorded in accident records. A deputy manager told us they would ensure accident and incident records included this information, in the future. They gave us an example of action taken as a result of a person slipping on a newly installed ramp. The ramp was immediately covered with a non-slip material

People's safety was improved by staff completing risk assessments, as necessary. Risks were identified and risk management plans were developed for significant risks for the particular individual. However, these were incorporated into care plans and did not always contain very much detail. A deputy manager told us they would review risk assessments to ensure they contained enough detail to ensure staff understood how to provide the safest possible care to individuals.

People were given their medicines safely by staff who had been trained to administer them. People's medicines were stored in a locked medicine cabinet. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The service was using a new on-line system for ordering medicines. The new system reduced the potential for medicine administration errors and was working successfully, currently. The medication administration records were accurate and showed that people had received the correct amount of medicine at the right times. No medication administration errors had been reported since the new system had been embedded.

The service checked that people were supported by staff who were suitable and safe to work with them. The provider's recruitment processes made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified, when possible, prior to candidates being offered a post. A deputy manager advised us that some other care providers would not provide references for staff. We saw that they had made efforts to secure references.

People's needs were met, safely, by adequate staffing levels. There were a minimum of five staff on duty during the morning (7am until 2pm) and four staff during the afternoon /evening (2pm until 9pm). Two waking staff covered the night time shift. The staffing ratios meant that one staff member was available to work with people in the adjoining supported living flats and/or there were enough staff if people from the flats chose to spend time in the service. Care staff were supported by the registered manager, two deputy managers and ancillary staff. The numbers and needs of people were assessed on a daily basis and additional staff was provided, if required. Staff told us there were always enough staff to meet people's needs safely. The service did not use agency staff because the management team did not think it was appropriate for people to be supported by staff they did not know. Staffing shortfalls were covered by the management team and staff working extra hours.

## Is the service effective?

### Our findings

People were supported to stay as healthy as possible. People's healthcare needs and medical history were clearly described in their care plans. They were supported to access health care services and received ongoing support from external professionals. Health care records were held on the on-line care planning system which alerted staff if people needed follow up appointments or treatment. The system was able to provide a report of information such as all GP visits or visits to hospital, as necessary. The service worked with the local GP surgery and held a two weekly meeting with the GP to discuss the health needs of the people who live in the service. The deputy managers told us they had a close and effective working relationship with the surgery who were responsive to individuals' health care needs.

People told us they visited the hospital for any specialist treatment and could see a GP if they felt they needed to. Appropriate referrals were made to other professionals such as dietitians, mental health professionals and district nurses, in a timely way. A relative commented, "I have seen the district nurse visit and I know they have regular contact with the doctors surgery. My [family member] has greatly improved since being at the home." Another said, "[Family member] has regular check-ups with the nurse/ mental health doctor and is weighed monthly. The staff at Pembroke are very good at recognising if one of their residents are feeling under the weather and act accordingly."

People's well-being needs were identified and met. People were provided with adequate amounts of nutritious food of their choice and supported to drink enough fluids to keep them healthy. People's care plans included nutritional and eating and drinking assessments, as necessary. Weight charts were kept for those people who needed them. People benefitted from good quality fresh food. One person said, "The food here is very nice." People were offered drinks and snacks throughout the day on the day of the visit. Dining space was limited but people could choose where to eat their meals. There was a formal dining area and people ate from tables in the sitting areas. During the summer months people were able to eat in a pleasant outside space, which had been provided, called the 'bistro'. People conversed and interacted with fellow residents and staff members, throughout the meals. People were offered a choice of meals and were involved in producing the menus.

People's rights were upheld by a management team who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff understood mental capacity and some had received Mental Capacity Act 2005 (MCA) training. Plans were in place to provide further MCA and DoLS training. 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. People can only be deprived of their liberty so that they can 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 DoLS. The service had made appropriate DoLS applications and twelve had been granted. The DoLS granted were renewed a minimum of every year and did not have any conditions attached to them.

People were encouraged to make as many decisions and choices as they could. Staff described how they ensured people had opportunities to make their own decisions. They described giving two alternatives and using pictures and other methods of helping people to choose. People told us they could choose things for themselves and said staff always asked them what they wanted and told them what they were doing and why. During the inspection staff asked people's permission before undertaking any personal care or other tasks. For example if they would like an apron, what they would like to eat and if they wanted condiments (at meal times).

People were provided with any necessary equipment to ensure their comfort and to keep them as safe and mobile as possible. For example grab rails and wheelchairs were provided, if necessary. External ramps had been installed to ensure people could access the garden safely. The gardens had been refurbished to provide an attractive, safe, stimulating and pleasant area that people could enjoy as independently, as possible. Changes had been made in the environment to make it more dementia friendly. For example toilets had been identified by symbols and pictures on doors and people's photographs had been put on their bedroom doors to help them identify their room.

People were cared for by staff who were knowledgeable and trained to meet their needs. Staff told us they received good training opportunities which were up-dated regularly. They told us they completed a mixture of face to face and on line training. Of the 20 staff, 17 had completed a relevant health and social care qualification.

Staff told us they felt they received good support from the management team to enable them to offer effective care to people. They said they were able to request supervision whenever they felt they needed it. Formal, recorded one to one supervision was provided approximately every three months. Staff members completed an appraisal once a year. Staff told us they felt well supported by the registered manager, the management team and their colleagues. They said that they could ask for additional supervision at any time if they need to discuss issues. The service was inducting new staff using a system that meets the requirements of the care certificate framework. This is a set of 15 standards that new health and social care workers need to complete during their induction period.

## Is the service caring?

### Our findings

People told us they were treated with respect and kindness. One relative commented, "The staff are caring to the residents and also friendly when the family members visit." Another wrote, "I am more than happy with the care, compassion and understanding that my mum is receiving" and, "...they respect the dignity of their residents at all times." Two professionals commented that the service preserved people's privacy and dignity. One said, "They are careful when moving the residents and aware of their need for dignity and privacy."

People were treated with kindness by a caring staff team. Staff used appropriate humour to include and encourage people to participate in social interactions. People told us staff were, "kind". People's preferred name was recorded in their care plans. For example some people were addressed by their first name and others by preferred 'nicknames'. People were interested and involved throughout the inspection visit. Most people enjoyed communicating with each other, the staff team and visitors.

Staff described how they maintained people's privacy and dignity. They gave examples of how they offered people personal and intimate care privately and in a dignified way. Such as closing doors and curtains and covering people during personal care.

People were supported to maintain as much of their independence as they were able to, for as long as possible. Some people were mostly independent whilst others needed more assistance. People were asked if they needed any help before staff gave support. Equipment such as specific crockery and cutlery and mobility aids were provided to assist people to remain independent.

The staff and management team had developed strong relationships with people. A number of staff had worked in the home for many years and knew the people who lived there well. They were knowledgeable about people's individual personalities and were aware of people's needs, likes and dislikes. People's diversity and individuality was respected by the staff team. Religious, cultural and lifestyle choices were included in people's plans of care.

People were respected. They and their families were encouraged to make their views about the home and how it was run, known. Residents meetings were held every two to three months and the registered and deputy managers spoke with people on a daily basis. The head of care worked as a chef and on the care rota and was aware of people's views, needs and wishes. They passed information to the management team, as necessary.

People who chose to had do not attempt cardio-pulmonary resuscitation forms (DNACPR), in place. DNACPR's had been signed by the appropriate health care professional. There was no-one in the home receiving end of life care, on the day of the inspection visit. However, end of life care plans were developed, when necessary, taking into account people's preferences and choices. The service worked with other health care professionals to ensure they kept people as comfortable as possible. The deputy managers told us they worked with the GP, district nurses and a local hospice, when necessary. They said they were able to

obtain any necessary equipment such as special mattresses or moving and handling equipment from health professionals when needed.

## Is the service responsive?

### Our findings

People told us there were always staff around to help them. One of the deputy managers told us that call bells were answered within a few minutes and trackers showed how quickly staff responded to them. If the response was more than five minutes the management team investigated the delay. People were confident to ask care staff for help or attention. Staff were able to identify when people needed assistance even if they were not able to verbally ask for it. They responded to people's need for assistance, in a timely way, throughout the day of the inspection visit. One relative commented, "The staff at Pembroke have a very positive attitude and always seem happy and I feel that this reflects in the home. They do not have a high turnover of staff so the residents are familiar with their faces." Another said, "My mum has a very complex dementia/Parkinson's condition and I am quite sure that she can be very challenging at times, the staff at Pembroke are very patient and often spend time one to one with the residents just giving them reassuring personal touches."

The service assessed people's needs before they moved in to the service. This assured the individual and the staff that they could meet the person's needs. If the service could no longer meet people's needs the management team took the appropriate action to ensure a suitable placement was found for the individual. Assessments were developed into care plans which included people's preferred routines, any special needs and emotional needs. The care plans were computer based and the management team ensured they were individualised. Staff were provided with tablet computers to access care plans and on which they could write up the daily notes.

People's diverse and changing needs were met because care plans were regularly reviewed and kept up-to-date. Care plans were reviewed on a monthly basis and whenever people's needs changed. The computer system alerted the management team if plans had not been up-dated on the due date. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate. Staff told us they had developed relationships with families and always kept them informed of any significant changes to people's well-being. One relative confirmed this and commented, "... we have a very positive two-way dialogue."

The service sought external help to respond to people's changing needs, as necessary. Changes to people's care recommended by external health care professionals were recorded on their plans of care. Short term care plans were developed to meet specific short term health or behaviour needs. The service had good working relationships with other professionals and shared required information (with people's consent) with others to ensure people had the best care.

People were provided with some organised activities but often chose to pursue individual activities. For example people completed jig saws, craft work and artwork. Some people told us they liked to watch the TV or sit and chat. The service had completed garden renovations and provided an activities building in the garden. The building housed a cooker so that people could undertake cooking activities, safely. People told us they loved the garden and if it was too cold to go out they still enjoyed sitting and looking at it. Four concerts from entertainers and local schools had been organised during 2016. The provider had additionally

purchased a road worthy 'buggy' which seated six people. This was used to transport people to the local park, the local hospital and coffee shops. Because it was a small vehicle it was able to access areas that regular vehicles could not. People very much enjoyed this improved access to the community. Individual care plans did not include the activities people liked to do and the deputy managers undertook to review this.

People were encouraged to comment on the way care was being offered. People and their relatives told us they knew how and would be comfortable to complain and would do so if necessary. The service had received one complaint during 2016. This was dealt with appropriately. The complaints records did not include if the complainant was happy with the actions taken and outcome. The deputy managers undertook to add this to the record, for the future. The service had received 10 compliments either directly or posted on an external website, during the same time frame. These included comments such as, "She enjoys sitting at the communal table to have her meals and loves to take part in any cooking activities and being taken round the lovely gardens. All the carers look after her very well and cater for all her needs and the management are always on hand if there are any problems." "This place is fantastic. All of the carers are so nice and friendly. My room is lovely and it feels like home. The food is good and the chef is very nice. I am very happy to be living here. I would not want to be anywhere else."

# Is the service well-led?

## Our findings

During an inspection in August 2015 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the provider not assessing and monitoring the quality of the service and maintaining accurate and up to date records for people. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

Accurate and up-to-date records were kept to ensure staff were given enough information to enable them to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date. The management team completed care plan and other audits to ensure the continual evaluation of the service which enabled them to make any improvements required. Risk assessments were reviewed on a monthly basis along with individual care plans. The new computerised care planning tool alerted the management team to any care plans that were not up-dated at the scheduled times.

The registered manager of the service had been registered under current legislation since 2010 and for many years prior to that date. People, relatives and staff told us the registered manager and senior staff team were very approachable. One staff member expressed the views of others when they said, "The residents are always the priority in this home." Staff described the service as having, "a strong supportive team, including the managers." A relative told us that the registered manager and his team were doing, "... a fantastic job." Another said, "I feel confident about entrusting my mother's care to the home."

People, staff and others were listened to and their views were taken into account. The registered manager interacted with people on a daily basis. People and staff described the service as having a, "Family atmosphere where everyone is listened to." A staff member said, "I feel valued and my opinions are listened to."

The service did not hold staff meetings on a regular basis as staff had chosen other methods to communicate with each other and the management team. These included twice daily handovers, regular staff training sessions and group supervisions, as necessary. Staff felt they had enough contact with colleagues and told us they always felt well-informed. The service held meetings for the people who live there every two to three months. Notes of the meetings were kept and included people's satisfaction with their care. Actions taken as a result of listening to people included providing non slip mats for porridge bowls and name badges for staff.

The provider who was also the registered manager monitored and assessed the quality of care people were offered on a daily basis. Additionally he had a more formal system in place. This included a survey sent or given to people and their families every year and a variety of audits. The last survey was completed in October 2016 and all responses were positive. One family member commented, "Excellent no improvements necessary." Another said, "We are very happy with the care given." Additionally weekly management meetings were held to discuss any identified improvements or other issues.

Regular audits included medicine checks, health and safety checks and other maintenance checklist. The quality assurance procedures informed a development plan. Improvements made as a result of the various quality assurance and audit processes included room redecoration, provision of parking spaces, the provision of a 'buggy' for local transport and the employment of a dementia specialist.