Community Integrated Care

Pemberton Fold

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

We carried out an unannounced inspection of Pemberton Fold on 31 May 2017. We last inspected the service on 06 and 13 April 2016 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe care & treatment and staffing.

The service sent us an action plan identifying the actions they intended to take to address the breaches of regulations identified. At this inspection we found improvements had been made and the service was now meeting all regulatory requirements.

There was a registered manager in place. 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 who used the service, their relatives and professionals we contacted, told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise highlighted risks. Safeguarding policies were in place and staff had an understanding of the types of abuse and procedures for reporting concerns.

The environment was effective for people living with dementia and provided stimulation. There was signage to aid people's orientation and help them to be as independent as possible.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of DoLS and the MCA, the importance of consent to care and treatment and how to act in peoples best interests.

People who used the service and their relatives told us the staff were caring and kind. We observed care in the home throughout the day. Staff interacted with people who used the service in a kind and considerate manner, ensuring people's dignity and privacy were respected.

Relationships between people who used the service and staff members were warm. Conversations were of a friendly nature and staff's attitude to people was polite and respectful using their chosen names, to which people responded positively.

There was an appropriate complaints procedure in place. Complaints were followed up appropriately and people who used the service and their relatives knew how to make a complaint.

A number of audits were carried out by the service, issues were identified and action plans put into place. Medication policies were appropriate and medicines were administered, stored, ordered and disposed of safely.

People's care plans showed evidence of effective partnership working and we saw information in peoples care files that showed the involvement of relatives where appropriate.

People's nutrition and hydration needs were met appropriately and they were given choices with regard to food and drinks. Care plans included appropriate personal and health information and were up to date.

We observed the lunchtime meal. There was a relaxed unrushed atmosphere and we saw that staff interacted with people in a respectful and dignified manner, recognising people as individuals' and encouraging their engagement. There was a seasonal menu cycle in use which was nutritionally balanced and offered a varied selection.

The home had a Service User Guide and this was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a specific set of information about a service.

The home had an End of Life Care Policy in place and people's wishes regarding end of life were recorded in their care files, including any updates. There was evidence of multi-disciplinary team reviews in people's care files and evidence of best-interest decisions and discussions

We saw that prior to any new admission a pre-assessment was carried out with the person and their relative(s).

The service produced regular newsletters for people and their relatives. We found that resident's surveys were also undertaken.

The home employed an activities coordinator. A wide variety of information and photographs of previous activities was displayed throughout the home.

Staff supervisions were undertaken regularly and we saw these were used to discuss issues appropriately on a one to one basis. The manager carried out staff competency checks under the home's competency framework.

There was a business continuity management plan in place that identified actions to be taken in the event of an unforeseen event.

Throughout the course of the inspection we saw the registered manager walking around the home observing and supporting staff.

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 we spoke with and their relatives told us they felt safe.

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

There was evidence of robust recruitment procedures in place.

The home was adequately maintained, including the servicing and maintenance of equipment used within the home.

Is the service effective?

Good

The service was effective.

People's care plans showed evidence of effective partnership working and the involvement of relatives where appropriate.

Staff provided assistance to people who required it as identified in their care plan.

There were adaptations to the environment which made it dementia friendly.

Is the service caring?

Good

The service was caring.

Relationships between people who used the service and staff members were very warm and staff demonstrated a good understanding of the people they supported.

The home had an End of Life Care Policy in place and people's wishes regarding end of life were recorded in their care files, including any updates.

Is the service responsive?

Good

The service was responsive.

There was evidence of multi-disciplinary team reviews in people's care files.

There were regular activities on offer.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post which is a condition of Pemberton Fold's registration with CQC.

People we spoke with and their relatives told us they thought the service was well-led.

There were a range of monthly audits in place.

Pemberton Fold

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 31 May 2017 and was unannounced. The inspection was carried out by two inspectors from CQC and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and their area of expertise was dementia and older people with experience of using health and social care services.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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 reviewed information we had received since the date of the last inspection including notifications of incidents that the provider had sent us. We also liaised with external agencies including the contract monitoring team from the local authority.

We reviewed the care records of six people who used the service and records relating to the management of the service. We looked at documentation such as care plans, staff personnel files, policies and procedures and quality assurance systems.

During our inspection we spoke with the registered manager, the deputy manager, two team leaders, the administrator and seven care staff members. We spoke with six people who lived at Pemberton Fold and six visiting relatives from across the four units within the home.

At the time of our inspection there were 54 people who were using the service.

Good

Is the service safe?

Our findings

People we spoke with at Pemberton Fold told us they felt "safe" or "very safe" living there. Family members also felt their relatives were safe living at the home. One family member said their relative had had "lots of accidents when living at home but had only had one accident at the home in seven years." Another family member said their relative was always "very relaxed".

People we spoke with at Pemberton Fold told us they thought there was enough staff to meet their needs. One person said, "You just have to ask if you need something and it's there." One relative we spoke with had been disappointed that there were no staff available to accompany [their relative] to hospital in the ambulance when they had a fall at night. However, the relative had been contacted immediately and was able to get to the hospital before [their relative] arrived. Another relative said that there were normally two carers on the unit, which she thought was "ideal", but that occasionally there was just one. Other family members we spoke to were happy with the attention their relatives received.

We toured the building and found the open-plan lounge / dining areas were well-maintained. Seating was arranged in small groups, with plenty of space to accommodate visitors' chairs without creating obstructions. People had walking sticks by their sides and frames were either placed for use or within easy reach. We observed one person being helped to walk, with two carers, who were gentle and compassionate. We observed people sitting outside in the garden area which was a pleasant and secure environment.

At our last inspection we found a breach of Regulation 12 (2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. We found that people did not always receive their medication as prescribed, that insufficient time was being maintained between doses and that medicines were given after food that were prescribed before food and errors on medicines administration records (MARs). People also displayed a lack of knowledge around covert medicines. Giving medicines 'covertly' means it can be hidden within people's food or drink to ensure the medication is taken. Giving medication in this way can be used to ensure people who lack mental capacity and refuse their medication can still receive the medicines which are important to them.

During this inspection we found improvements had been made and the service was now meeting the requirements of this regulation. We found medicines were being stored safely and securely. Temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis. Staff had access to a range of medicines policies and procedures and nationally recognised guidance which was available for reference. Staff responsible for administering medicines had completed medicine management training.

We observed staff administering medicines and noted this was carried out in line with procedural guidance. Staff also displayed knowledge around covert medicines. One staff member commented, "If we were to consider the use of covert medication the doctor would need consulting as ultimately it would be their decision. However, we would always look at other option first such as liquid instead of tablet as it could be

something as simple as the person cannot swallow the tablet therefore won't take it. Best interest decisions are also important."

We observed a lunch time medicines round and noted this was done competently and safely and in line with best practice guidelines. We carried out a sample stock check of the medicines trolley. We looked at medicines which were not blister packed such as antibiotics, beta blockers and pain relief for four separate people. We did this with the team leader present. We found no errors and all tablets checked tallied with the MAR records.

Where medicines or topical creams were to be taken when required or as needed we found care staff had been given information to give these medicines safely, consistently and in a way that met people's individual needs and preferences. Body maps were in place providing staff with detail about areas of application. These were completed in full with no missed signatures.

Family members we spoke to were happy with the management and administration of their relative's medication. One family member said they were "very confident" with this aspect of their relative's care. Two family members noted that the staff were effective at identifying and getting diagnosis and treatment of UTIs; in one case treatment was started "within 24 hours" of identifying a potential problem.

At our last inspection we found a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, We found the provider had failed to ensure sufficient numbers of staff were deployed to ensure people received care based on individual need. We were also told that staffing levels were not calculated using any formal method based on people's dependency.

During this inspection we found improvements had been made and the service was now meeting the requirements of this regulation. This now meant processes were in place which aimed to maintain consistent staffing arrangements. We looked at rotas from four weeks prior to the inspection date and the week of the inspection. Staff rotas showed that three members of staff would cover the day shift and evening shift with the addition of the management, cook and domiciliary staff and two staff members during the night. In addition to this a team leader was employed. The team leader covered two units each to oversee medicines management and provider further support to care staff.

We spoke with staff about staffing arrangements and each staff member commented that although at times it could be busy the units were never dangerously understaffed where people would be exposed to risks or not be provided with adequate care and support throughout the day. One staff member said, "It's never dangerously understaffed. Some mornings we could do with an extra pair of hands but we all manage." A second staff member stated, "We prioritise people dependant on need. It works well and each person receives the care and support they require."

The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application form and attending a face to face interview. We looked at the recruitment records of six staff members, two of which had been recently employed at the service. We found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to

support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The manager told us there had been no disciplinary action in the past 12 months.

We looked at how the service managed risk and looked at 6 peoples care documents. We noted risks to people's individual safety and well-being were assessed and managed by means of individual risk assessments and risk management strategies. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. We saw a range of risk assessments in use including Waterlow (pressure ulcer risk assessment), Malnutrition Universal Screening Tool (MUST), falls and moving and handling. Falls management were managed well within the service. People were recognised appropriately when they were deemed 'at risk' of falls and referred to the relevant agencies when required. People's care files detailed information to enable staff to appropriately and safely support them with their mobility requirements. Falls were tracked and audited for trends and themes by the registered manager.

One person commented that their relative had been in hospital twice with dehydration. However they were satisfied with the care their relative was currently receiving at Pemberton Fold.

Further processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. Risk assessments which included the internal and external environment were in place and considered areas such as the storage on controlled substances (COSHH), stairs and stair lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids was serviced by an external agency. The service employed a full time maintenance person whose duty was to ensure the environment was safe and fit for purpose.

We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as monitoring the fire alarm and fire drills. We saw fire training was done and up to date. We also noted that each person had a personal emergency evacuation plan (PEEP) detailing areas around mobility, responsiveness to fire alarms and prescribed medicines. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

We looked at how the service managed the control of infectious diseases. There was an infection control policy in place that was up to date. Personal protective equipment (PPE) such as gloves and aprons were available and there was an adequate supply of hand soap and hand-gels throughout the home. Weekly and daily cleaning schedules were in place and the home was clean throughout and free from any odours. Toilets and bathrooms had information/instruction on effective hand washing techniques. Staff were aware of precautions to take to help prevent the spread of infection. A number of family members commented on the good standard of cleanliness. One family member said, "I like it here because it doesn't smell".

A business plan was also in place. This aimed to prepare the business to cope with the effects of an emergency. To define and prioritise the critical functions of the business and identify any key contacts during the emergency.

Processes had been implemented to protect people from abuse and the risk of abuse. There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. The manager informed us that all staff had been required to read policies and sign to evidence this had been done. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation

with other agencies. We noted that appropriate referrals had been made to the relevant authorities for example the local safeguarding team and the Commission.

We discussed safeguarding procedures with staff. Staff spoken with showed a suitable understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take and who to contact if they witnessed or suspected any abusive practice. One staff member told us, "If I had any concerns about someone's safety I would escalate my concerns to management or even the Care Quality Commission if needs be." A second staff member said, "It is really important that staff are honest and reliable and know what keeping people safe is about. You need to make sure people are safe and free from any kind of abuse such as physical, emotional or financial."

Throughout our inspection, we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction which was caring and patient. People appeared comfortable, content and happy in staff presence.

Good

Is the service effective?

Our findings

People we spoke with who lived at Pemberton Fold and their relatives told us staff knew what they were doing. Relatives said they were contacted in a timely manner about any change in health condition and immediately, in cases where paramedics were being called. We spoke with one family member who had been involved in a best interest decision meeting for their relative. They also said the staff had been knowledgeable and helpful in assisting them with the assessment processes required by the local authority.

The provider had developed an induction programme to train and support new staff. This included the completion of an induction checklist which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. We saw completed induction plans in the staff files we looked at. Staff told us that they felt the induction process equipped them with the correct skills and knowledge to competently undertake their role as a carer.

Staff indicated they had received a suitable amount of training and this was valued for their own professional development. One staff member told us, " We cannot say we get no training here because we do. Training is great we can always do additional too. We only need to ask." We saw a training matrix which was detailed and in date. All mandatory training was in date and included safeguarding, moving and handling, medication, the management of aggression and first aid. A second staff member told us, "I enjoy working here. There is lots of career progression."

We saw evidence in the staff files we looked at that staff were offered regular supervision sessions. Staff comments confirmed this. Staff felt that they were a useful arena to discuss any concerns or areas of improvement. Additional training would be discussed as part of the supervision meeting. Actions were documented and followed up at the following supervision meeting. One staff member told us, "I have plenty supervisions. We can always have more if we need to. They are good that way." A second member of staff told us, "Supervisions are very frequent. I feel they are a two way thing. I can discuss any issues I have."

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.

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 or authorisations to deprive a person of their liberty were being met. We saw people's capacity to make their own decisions and choices was considered within the care planning process. The registered manager had

made appropriate applications to the local authority for the people using the service which required them. Conditions were also adhered to. We saw evidence of best interest meetings and outcomes. Staff spoken with demonstrated a good understanding around the principles associated with the MCA and understood the importance of gaining consent from people before they carried out any care. All staff had been subject to person centred and dignity/ diversity training.

We looked around the premises. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. People were given choices and we saw good staff interaction with people.

People we spoke with and their relatives considered the food to be very good. One family member said their relative was, "very well fed", another said that, "the food was beautiful." A choice was available and alternatives were provided if requested. One person told us they didn't like most meat and fish but the staff, "never complain and always come up with something I like to eat". Another person said "I've never had to complain about the food – it's very good".

The communal areas were fitted with small kitchen areas where staff could make drinks and snacks, such as cereals for breakfast. This meant people could have breakfast and other snacks when they choose.

We observed the meals service during lunch time. We noted the dining tables were set with table cloths and the food was home cooked, Mealtimes were relaxed and we observed people engaging in conversation with each other. This meant people were able to relax and eat at their own pace. Throughout the day we saw refreshments were offered; cold drinks were readily available on trays in the communal areas throughout the day and hot drinks were also offered on a regular basis. Positive comments from people using the service supported our observations. We observed people who required support in this area were assisted by staff in a dignified manner

Menus were displayed around the units and people told us they received a choice with each meal. The registered manager told us the service used an independent catering company who delivered the meals to the service each week. However the cook would also prepare, "Wrap around" meals. These were additional meals made for people who did not want the meals offered on the daily menu. People told us they received, "Plenty of food" and family members could make drinks for their relative and themselves. We observed some meals being taken to people in their bedrooms which were on covered trays.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out and reviewed monthly or more frequently if required. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary. Fortified dietary requirements were managed well and we noted robust processes were in place for people who required mashed and puree diets. Each unit had dietary information displayed and staff had sound knowledge of people's dietary needs.

Good

Is the service caring?

Our findings

People who lived at Pemberton Fold said the staff were kind and looked after them well. One person said, "My (team leader) is marvellous with me and the staff spoil me; I'm very happy here." Two other people we spoke with said staff always knocked on the door before entering their bedroom. One person said, "The staff are always very polite and very pleasant – always."

People told us they were comfortable about approaching staff when they had any problems. Family members we spoke with said that staff were readily available to speak to them and very approachable. Staff also informed them when their relative needed anything, sometimes contacting them at home. One family member said, "Staff are really attentive and they're on it when [my relative] is not well."

Two family members noted that staffing was very consistent, with "no big turnover of staff" which meant that they and their relatives got to know the staff and that the staff got to know the people they were caring for. Two family members with relatives who were living with dementia noted that the staff were very alert to even small changes of their relative's mood, even though, in one case, verbal communication was not possible. This showed us that staff had a good knowledge of the people they supported.

Two family members (including one whose relative had recently been admitted to the assessment unit within the home) said they had been involved in developing their relatives' care plans. Another family member said they had been involved in a review of their relative's care plan around three months previously. Some family members we spoke with were less familiar with care plans. One family member commented that she had not seen their relative's plan although she did feel that she was kept informed about their care. In particular, this family member said that they had not previously been involved in end-of-life care planning; they had spoken to the manager and the issue was being addressed at the time of the visit.

As part of the inspection we observed staff interaction with people who used the service and found this was friendly and caring. People appeared calm and relaxed in the presence of staff. Staff routinely spent time with people and supported them effectively when required, we saw examples of staff offering choices and involving people in routine decisions. One staff member told us, "I would always offer choice and explain what I am doing."

Staff displayed a clear knowledge and understanding of the needs of the people they cared for and were knowledgeable about people's individual needs, backgrounds and personalities. We found people were familiar with the content of people's support plans. We saw examples of the best approaches to take in order to uphold people's right to dignity and respect and staff understood their role in providing people with person centred care and support.

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had

policies and procedures to support the delivery of care around these key aspects.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

There was a homely feel about the service. We observed people sitting together engaging in conversation and/or watching television together. Our observations supported that people were encouraged to take pride in their appearance and we saw that all people were well presented. This would help promote independence and boost self-esteem. One staff member stated, "It is important that somebody feels their best. We can achieve this as carers by making sure people look and feel good. It's such a simple task really. No one should have to sit there with dirty clothes on or their hair messy, that is just not right at all." Another staff member told us, "I would live here myself. It's a great place to be."

People were able to personalise their own room and were encouraged to bring personal family photographs and items relevant to the individual. People could use their own bedding if requested. We saw that rooms were personalised and all were clean and fresh.

People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments. The people we spoke with living at the home and visitors to the service confirmed this was the case. At the time of the inspection no person was in receipt of end of life care although each care file had a section about advanced decisions. Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately.

We noted that the service was continuing to be engaged in the 'Six Steps' End of Life Care Programme. This is the North West End of Life Programme for Care Homes and is co-ordinated by local NHS services. This means that for people who were nearing the end of their life, they could remain at the home to be cared for in familiar surroundings by people they knew and trusted.

There was a comprehensive portfolio of evidence which brought together in one place all the documentation that was required to achieve 'Six Steps' accreditation from the NHS. We saw how the service had developed 'Dove Cottage' which was a dedicated en-suite private room in which relatives of people nearing the end of their life could stay. We also saw that the service provided a portable futon bed which enabled relatives to stay overnight close to their relatives.

A memorial garden was also in place within the grounds of the home which provided a quiet space and place for reflection. A memorial book had been established which was available in the communal area for people and their relatives to read. Relatives and friends of loved ones who had passed away used this book to share memories and accounts of their loved ones and this was opened on each anniversary of their passing. An annual memorial service was also held each year at Pemberton Fold to remember and celebrate peoples' lives.

Good

Is the service responsive?

Our findings

We asked people who used the service and their visiting relatives if they thought Pemberton Fold was responsive to their needs. They told us that life was relaxed at the home and visiting was unrestricted, although family members were encouraged not to visit during lunch and tea time periods. People said they could get up and have breakfast when they chose and go between their bedrooms and communal areas as they wished, which we observed on the day of the inspection.

Most people we spoke with said they were content as they were. One person said they were "bored" because they "couldn't go beyond the garden." However they said they had helped out with some planting in the garden which they "didn't mind doing". We saw this person's care file reflected an interest in gardening.

People we spoke with felt that staff responded to their individual needs. One person said a member of staff went to the shop for him when he ran out of cigarettes. We observed a birdcage, with occupant, on one unit – this pet belonged to a person who had recently come to live at the home and had been brought in to help them to settle in.

We looked at the care and support plans of six people who used the service. In each plan we found information was now easy to read and the quality of documentation and recording was of a consistently good standard. All care plans contained a pre-admission assessment which identified people's support needs for different situations such as bathing or eating. Risk assessments associated with these were all reviewed each month and up to date. People's care plans identified individual, personalised goals that were attainable and measurable.

All care plans we looked at were person centred and reflective of people's individual need. Each care plan contained different care plans and risk assessments and each was written around the individual. All care plans contained a 'My Day My Life' portrait, these were detailed and considered areas such as the person's employment history, family dynamics and important events in the person's life. One staff member told us, "Each person has a care plan. I always ensure I look at this if anything has changed." A second staff member commented, "Care plans have detail about how the person wants to be cared for. I always look at this if I need to."

Daily reports provided evidence to show people had received care and support in line with their care plans. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

People's care plans contained good quality person-centred information for example, people's likes, dislikes, personal preferences, life and social history were recorded. Care plans also demonstrated how people who used the service, their family or lawful representatives had been involved in planning and agreeing care. One person we spoke to said they used to go out to a nearby shop, although they hadn't wanted to latterly. A staff member said another person was going to local shops with carers at present and would potentially be

permitted to go alone in future if assessed as safe to do so.

As part of our inspection, we checked to see how people were supported with interests and social activities. There was an activities coordinator in post who knew people who used the service well. We saw a wide range of activities were offered which included group activities as well as more personalised one-to-one sessions. Activities were displayed on notice boards throughout the home.

During the visit, we saw evidence of the provision of an interesting and engaging environment for people living at the home. There was a large activity room which was also used for films and sing-songs. Memorabilia was displayed in different areas, along with other materials, such as fluffy toys and a pram with a baby doll. One person we spoke with who lived at Pemberton Fold told us, " I like it that keep dolls on the table over there for me." A number of family members we spoke with said [their relatives] were always asked if they wanted to go out, or informed when a trip was organised but sometimes they preferred not to take part.

A garden-type area had been created on one of the units in a quiet corner and a 'vintage tea-room' was in the process of being set up in the reception area. A staff member told us that people who lived at Pemberton Fold had been involved in choosing colours and decorations for this area. Staff commented, "I try my best to help people make decisions," and "I would always offer choice and explain what I am doing."

There was a large and attractive garden area which was securely enclosed and could be accessed from both ground floor units. There was a variety of seating and people were observed sitting outside during the visit, due to the warm weather. A member of staff described plans to further develop the garden on the theme of a village centre with a bus-stop and a market, reminiscent of the local area. We saw that people who used the service had been involved in discussions about this.

The people we spoke with remembered a recent outing to a garden centre complex. One family member said their relative had also been taken on a visit to a cake factory. Three people we spoke with were reading newspapers and there was music playing at different times during the day. Some TVs were on but these did not dominate the areas.

We looked at how information was shared with people who used the service and their relatives and found that a regular programme of resident and family meetings was taking place. This was evidenced through minutes of meetings being recorded. We could see that a variety of topics where discussed during these meetings and that people were able to share their views and experiences. We saw that regular newsletters were produced and distributed which provided details of forthcoming events, special occasions and updates about new members of staff.

We looked at how the service managed complaints and found the home had procedures in place to receive and respond to complaints. There was a complaints policy and procedure in use which was up to date. Details of how to make a complaint were identified in several areas of the home and included details on the complaints process and contact numbers for the home, the local authority and the Commission. We observed the compliments and complaints file and saw issues had been responded to in a timely manner. People we spoke with told us they had never had to raise a complaint, but would feel comfortable doing so if required.

Good

Is the service well-led?

Our findings

There was 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.

Some family members we spoke with knew who the manager and deputy manager were and said they found them very approachable and helpful and were comfortable raising any concerns with them. One relative said, "The Manager is approachable and down-to-earth." Another relative said, "The manager's door is always open." The people we spoke with who lived at Pemberton Fold and their family members said they would have no reservations about speaking to the team leaders or carers if they had a problem.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, health and safety and infection control. These could be viewed by staff if they ever needed to seek advice or guidance in a particular area.

Staff understood their role in sending notifications to CQC and had sent us notifications as required by the regulations. People's care records were kept securely and confidentially, and in accordance with legislative requirements. We found documentation was well organised enabling the documentation requested to be accessed quickly. All the records we looked at were structured and organised which assisted us to find the information required efficiently and made information easy to find. This would assist staff if they were required to find information quickly.

We saw evidence of regular staff meetings being undertaken and a list of upcoming staff meetings was displayed in several areas within the home. Minutes from previous meetings were stored in a team meetings file that was accessible by all staff members. We saw that previous discussions included feedback from surveys, health a safety, policies and procedures, respecting each other, the key worker role, supervision, training, medicines and care plan reviews. Staff told us they were able to contribute to agenda items and that staff meetings were useful and productive.

Relatives meetings were also held regularly and the next meeting was due the week following the date of the inspection. People who used the service told us residents meetings sometimes clashed with work commitments for their family members but a number of relatives we spoke with confirmed they had attended meetings in the past and found them to be beneficial and informative. One family member had filled in a feedback survey around two months prior to the inspection and another had completed a questionnaire given to them prior to a forthcoming residents meeting.

Relatives were also formally invited to an annual review of [their relative's] care. Prior to this proposed the manager sent out a letter to each relative identifying the proposed date of the meeting. Also included in the letter was a booklet for family and friends to complete before the meeting titled 'Person Centred Review Meeting.' This booklet identified the reasons for the meeting, who would be attending, what happened at

the meeting and what the relative needed to think about before the meeting date. This allowed people the opportunity to provide update information that the service had not already captured.

We found residents' surveys were also undertaken regularly. We looked at a recent survey and saw that people ha scored the home as 'excellent' or 'very good' against a series of questions. Comments included, 'I have already recommended this home to people and I think it is an excellent place for your loved ones,' and 'Staff are always welcoming,' and 'The place has a lovely atmosphere, staff are very friendly and seem like they enjoy their job,' and 'We feel our relative is well looked after and happy and comfortable,' and 'This is a lovely place; I wouldn't want [my relative] to be anywhere else and [my relative] is happy here.'

We saw that the registered manager was very visible within the home and actively involved in the provision of care and support to people living at Pemberton Fold. Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff.

Audit and quality assurance was completed on a regular basis and covered a variety of topics. There were a range of monthly audits and checks in place and these included medicines, the environment, communal areas and toilets/bathrooms, individual bedrooms, infection control and hand-hygiene, observations of staff practice, falls, accident and incidents, regularly reviewed risk assessments for all areas of the home, fire system audits and risk assessments, audits of people's care plans including a tracking form identifying which care plans had or needed to be audited. Other audits included people's weights, hospital/GP visits and admissions, pressure sores, mattresses/cushions and equipment.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way. Comments received from staff included, "I really like my job," and "I feel well supported by management. They are all very approachable," and "We have a newish manager, she seems to be taking things in the right direction," and "Things are definitely changing for the better," and "I feel if I was unsure about anything the manager would be there for me."

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, health and safety and infection control. These could be viewed by staff if they ever needed to seek advice or guidance in a particular area.

Prior to the inspection we requested a Provider Information Return (PIR) and this was returned appropriately. A PIR is a form that asks a registered manager to give some key information about the service, what the service does well and improvements they plan to make.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a required set of information about a service. An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these services was recorded in care plans and included opticians, chiropodists, dieticians, speech and language therapists, district nurses, social workers, NHS health workers and doctors.

We found that the manager regularly shared good practice within the organisation and was part of the 'Project Sunshine' team; this involves the senior management team across the provider's older people's service's getting together monthly to share best practice. The home also subscribed to regular updates from various sources including the Journal of Caring Times.