Lilena and Pentree Lodge Care Homes Limited

Pentree Lodge Residential Care Home

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 comprehensive inspection of Pentree Lodge on 19 June 2018. The previous comprehensive inspection took place on 23 March 2016. At that time we had concerns about the processes in place to ensure any restrictions in place were made in line with legislation and we issued a breach of the regulations. We carried out a focused inspection in January 2017 when we found action had been taken to address the concerns. The service was rated Good overall.

At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Pentree Lodge is a care home which provides accommodation for up to 15 people with mental health needs who require personal care. At the time of the inspection 14 people were using the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service requires a registered manager and there was one in post at the time of the inspection. 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. Following the inspection visit we were informed the registered manager had left the service with immediate effect. The provider gave us assurances about the arrangements in place to help ensure the smooth running of the service.

Where risks were identified, action was taken to protect people from harm while allowing people to continue to live independent lives. Staff were aware of their responsibilities under safeguarding and took these seriously. They were able to describe to us the action they would take to keep people safe.

Staff were sympathetic and compassionate in their approach to people. The registered manager had a clear set of values which were known to the staff team. Staffing levels were consistently met. One person had no references in place and we have made a recommendation about this in the report.

Roles and responsibilities were clearly defined and understood by all. Systems for communicating about changes in people's needs were effective. Staff were supported by a thorough system of induction, training, supervision and staff meetings.

Family contact was valued and encouraged. Relatives told us they were kept informed of any changes and were invited to take part in care plan reviews.

Care plans were detailed and informative. Staff recorded information about how people spent their time and their health and emotional well-being in daily logs.

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

There were a range of quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager, staff and the provider.

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 remained Good.

Is the service effective?

Good

The service has improved to Good. Staff were supported by a system of induction, training and supervision.

The registered manager and staff had an understanding of the principles underpinning the Mental Capacity Act (2005)

People were supported to access external healthcare services.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

Pentree Lodge Residential Care Home

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 19 June 2018 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist advisor with a background in mental health.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed staff interactions with people. We met with the people living at the service, the registered manager and two members of staff. We looked at detailed care records for four individuals, staff training records, three staff files and other records relating to the running of the service. Following the inspection visit we spoke with a further member of staff, three relatives and an external healthcare professional to hear their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Pentree and were well treated by staff. We observed people and saw they were relaxed and confident in their surroundings. Relatives told us they believed their family members were safe living at Pentree Lodge. Comments included; "It's pretty good, mum's looked after pretty good."

Rotas for the week preceding the inspection showed staffing levels had been consistently maintained. Two care workers were employed throughout the day with the support of the registered manager five days a week. As well as care staff, a cleaner and maintenance worker were employed. Disclosure and Barring Service (DBS) checks were completed before new employees started working at the service. We found one person, who had been employed since late April 2018, had no references on file. Requests for references had been made on 18 June 2018. We discussed this with the registered manager who told us the individual concerned had worked at the service in the past.

We recommend the provider refers to current guidance in relation to establishing safe and robust recruitment practices.

A safeguarding policy and information on how to report any concerns, was available to staff. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Staff told us they were confident the registered manager and provider would deal with any concerns they had. The registered manager was aware of people's rights to be protected from discrimination and harassment under the Equality Act and displayed a non-judgemental attitude in their conversations with us.

Safeguarding information was displayed within shared areas of the building so people would know how to raise any concerns outside of the organisation.

Risk assessments in relation to the environment and people's individual needs were in place. The assessments focused on people's specific needs. There was guidance for staff on how they could support people safely to reduce any identified risk. Staff spoke with people about any risks to help them make informed choices. An external healthcare professional commented; "I encourage the least restrictive approach, and support the home to encourage independence for patients, which at times can raise concerns of risk, however advice is given on managing these risks and these are reviewed."

Accidents and incidents were documented and regularly analysed by the registered manager to enable them to identify any trends or patterns. This meant they were able to learn from any untoward events and make adjustments to processes to minimise the risk of incidents reoccurring.
People were independent and often went out unaccompanied. They were expected to return for meals and to receive any medicines they needed to stay healthy unless they had made alternative arrangements in advance. There were processes in place for staff to follow if people did not return to the service as expected. These were based on staff knowledge of the person and their routines and habits. For example, the registered manager told us; "[Person's name] might be an hour late and that would be normal for them."

The staff team and registered manager monitored the safety of the building, equipment and environment. Any improvements required were reported and acted upon. Shared areas of the premises were clean and well maintained. Residents meeting minutes showed people were reminded of the need to keep their personal rooms clean and to respect other areas.

Electrical equipment and the water supply had been tested to check they were safe to use. Fire-fighting equipment was regularly checked and serviced. There were regular fire drills involving everyone living at Pentree Lodge. Personal Emergency Evacuation Plans had been developed for each individual outlining the support they would need to leave the building in an emergency. Some people smoked and this had been identified as a potential risk by the registered manager. Signs were in place asking people to only smoke in designated areas. The registered manager and staff told us they continually reminded people of the house rules regarding smoking on the property. Following the inspection the registered manager sent us new guidelines they had developed informing people of the action staff would take if they disregarded the rules.

All staff had received training to enable them to administer medicine. Everyone was having their medicines administered by staff. Staff told us people went to a small office area to receive their medicine at set times of the day. People entered the room one at a time to give them privacy and enable the member of staff administering the medicine to make sure they were taken as prescribed. One member of staff commented; "I always make sure they've actually swallowed it before they leave."

Medicines were stored securely in a locked, temperature controlled cupboard. Some people left the service for social leave and there were arrangements in place for them to take the necessary medicine with them to cover this period. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and dispose of medicines. No medicines which required either refrigeration or needed to be kept more securely were prescribed at the time of the inspection.

People and staff's confidential information was protected. Records were stored securely in the office and on password protected computers. They were up to date, accurate and complete.

Good

Is the service effective?

Our findings

People's needs were assessed holistically to help ensure their physical, mental health and social needs were known, recorded and action taken to provide support in line with these needs. For example, the registered manager, as part of the care plan review process, had recently identified that one person's low moods tended to coincide with periods when they were not eating much. They had collated the information and shared it with other professionals for consideration and advice. They told us that, when the person started to show a disinterest in food, they would make additional efforts to encourage them. For example, providing them with information about healthy eating and the effect of certain foods on mood. since starting this approach the person had become more pro-active in purchasing and requesting particular foods.

There was some use of technology within the service. People on the upper floor had access to alarm bells so they were able to summon assistance quickly if required. Most people had mobile phones and staff used these to help keep in contact with people when they were out of the service.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation. Any staff who were new to care completed the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Staff with previous experience completed a more basic induction and then started an NVQ after six months employment.

Training identified as necessary for the service was updated regularly. This included safeguarding, person centred care, communication, equality and diversity and the Mental Capacity Act and associated Deprivation of Liberty Standards. Training in nutrition, hydration and exercise was booked to take place two weeks following the inspection. The registered manager was qualified to deliver training in some areas and was working to further their skills in this area.

Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. There was also a plan in place to provide annual appraisals for all staff. Staff told us they were well supported.

People were able to make decisions about what they ate and drank. Staff were aware of people's individual dietary needs and preferences and these were recorded in care plans. For example, one person was a vegetarian and another was a vegan. Staff made sure these people had access to a healthy and varied diet which met their needs. One person told us; "It is good here, they cook it well; they offer you good sustenance." On the day of the inspection staff had prepared an evening meal, and there appeared to be an established culture of people sitting down together to eat and enjoying a social occasion.

People were supported to access external healthcare services for regular check-ups. Any health appointments were recorded in care files. The service worked with other professionals to make sure people had the support they needed. One professional told us; "Staff always give me time to complete my assessments and are very informative."

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). One person was subject to an authorisation and the registered manager was aware of conditions attached to this. At the time of the inspection there had been no action to take in respect of these conditions. The authorisation was due for renewal and a request to this effect had been made.

The registered manager and staff had an understanding of the principles underpinning the MCA. For example, they spoke with us about people's right to make decisions, even when others might consider those decisions to be unwise.

Where people were able to consent to aspects of their care there was evidence to show they had been consulted. For example, one person had signed consent forms to indicate they were happy to have their photograph taken and for their parent to have copies of their care plan.

People's bedrooms were personalised and reflected their personal taste and interests. There was a garden area where people were able to spend time. People had access to shared bathrooms. Staff and people told us there were enough bathrooms available for use.

Good

Is the service caring?

Our findings

People were positive about the support they received from staff and their relationships with them. Comments included; "The staff are loving and kind" and "Staff are fine, one and all." Relatives told us; "The staff are very kind" and "Staff keep everything confidential."

We observed staff were friendly and calm in their approach to people. They knocked on people's doors and made sure people were happy to meet with us when showing us round the premises. Some people indicated they did not wish to speak with us or show us their rooms and this was respected.

Care plans contained information about people's histories and backgrounds. This information is important as it can help staff gain an understanding of the events which have made people who they are. The information was at the front of the care documentation. This meant the reader got a sense of who the person was before starting to read medical information. There was evidence people had been involved in the care planning process. Most people were able to agree to their care plan and had signed them to indicate their consent.

The registered manager recognised when people's cultural needs were not being met. For example, one person did not speak English. Although they had some time with an interpreter this was very limited. The registered manager was working to help the person move to an area where their needs would be more easily met and there was a more diverse population so they would be less isolated. They commented; "[Interpreter's name] is genuinely fond of [Person's name] but there is a limit to what they can do."

People had access to advocacy services when they needed them. The registered manager displayed a willingness to advocate on people's behalf when necessary, becoming involved in multi-disciplinary meetings and challenging questions of funding. For example, the lack of funding for an interpreter to improve a person's access to the community, independence and quality of life.

Part of the service was separated off and could be used as a small rehabilitation unit to support a recovery approach. This area had three bedrooms, a kitchen and shared lounge. The rooms were being used by people who were working with staff to increase their independent living skills. The registered manager was enthusiastic about supporting people to become more independent and self-reliant. They told us of one person who had used the service in the past and was now employed and undertaking training. The registered manager commented; "They are an inspiration."

Staff considered how best to communicate effectively with people. For example, the registered manager told us about one person who was frequently becoming frustrated. They had worked with other professionals and developed a new communication care plan to help staff support the person effectively. They commented; "It's been fantastic." The registered manager told us some people could find it difficult to express their thoughts and emotions verbally and that their behaviour could be an indication of how they were feeling. For example, they spoke to us about one person whose actions sometimes put them at risk. They told us "It's their way of telling us they are frustrated."

Good

Is the service responsive?

Our findings

People's needs were assessed before going to live at Pentree to help ensure the service was able to meet their needs. The registered manager reviewed any care plans and risk assessments which were already in place. The person was then encouraged to visit the service twice and meet with other people and staff before moving in. This gave everyone involved an opportunity to assess if the person would fit in with the group and benefit from the service provided.

Care plans were an accurate reflection of people's needs and were regularly reviewed and updated. They contained a wide range of information in respect of people's support needs across a number of areas including communication, personal care and daily living. The information focused on people's individual needs and what worked well for them. For example, one person found it difficult to get out of bed in the morning. Their care plan stated; "What works: Going to [Person's name] room, knocking and waiting until he replies and gets out of bed." Staff told us the care plans were detailed and informative.

Care plans contained information on how people communicated and how they could be supported to understand any information provided. For example, they recorded if people required hearing aids or glasses. One person's file included a letter written using an easy-read format in relation to access to reflexology, the associated costs and information about saving up to purchase the service. This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

There were systems in place to help alert staff if someone's mental health or mood was declining. Daily logs were kept and these provided a detailed overview of how people had spent their time each day. There was information about people's mood and emotional well-being as well as their physical health and any activities they had taken part in. Staff had handovers between shifts to help ensure they were up to date with people's needs. Staff told us the systems in place meant they were able to keep up to date with any changes.

People told us they went out to the local town on coffee trips or to go shopping. Most people went out independently and some paid for one to one support to take part in specific activities which reflected their interests. Records showed people attended art groups, coffee mornings and support groups. Activities were arranged within the service which people could take part in if they wished. For example, barbeques had been held as well as music and film nights. The registered manager was a yoga instructor and had supported people to do gentle yoga exercises and breathing techniques to help them manage their anxieties.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was readily available within the service and was given to people when they first moved into the service. There were no on-going complaints at the time of the inspection. A relative told us; "I've never had any complaints and I've never heard [relative's name] complain either."

No-one at the service was receiving end of life care. The registered manager had started to consider this aspect of care and include it in the care planning process. Training for end of life care was being made available for the staff team. It is important people, and their families where appropriate, are given the opportunity to think about their end of life care before a crisis situation forces hurried decisions in emergency situations.

Good

Is the service well-led?

Our findings

There had been recent discussions about changes to the ownership of the service and this had impacted on the morale of people and staff. Comments included; "It's been particularly hard on residents", "It's the not knowing" and "They've been under a lot of stress." The provider/owner and registered manager had held several meetings for people and staff to try and keep them up to date with developments.

Although a decision had been taken not to sell Pentree the provider's sister home was being sold. Staff had worked across the two services and were deciding which service they wished to stay at. A member of staff told us they felt the change would be beneficial as they would now be based in a single service. They commented; "It will mean we can focus on the people and that lets us build trust with people."

The service requires a registered manager and there was one in post at the time of the inspection. 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.

Roles and responsibilities were clearly defined and understood. Staff told us how they divided tasks during the day. One explained; "One of us will do the care plans and the other will cook." The registered manager was supported by a senior support worker. The senior support worker had responsibility for the ordering and management of medicines. The rota was arranged so either the registered manager or senior support worker was usually available for advice and guidance.

During out of office hours there was an on call system so staff were able to contact a member of the management team if necessary. The registered manager, the acting manager from the sister service, the provider/owner, the director of the organisation and another experienced member of staff were responsible for on call duties.

The registered manager had a clear set of values which focused on increasing people's independence and supporting them to move forwards. They spoke to us about one person who had recently moved into one of the rehabilitation rooms. They commented; "[Person's name] has the potential to do much more, we can work with him in rehab." An external healthcare professional commented; "[Registered manager] appears focused on supporting independence, however like any large setting, I am unsure if this view is within every single staff member."

The registered manager told us they were well supported by the provider and could contact them at any time. They commented; "[Provider's name] is really, really supportive. If you want a chat she will come in and chat." They received regular supervision from the provider where their working arrangements were discussed. Staff also said the provider was a visible presence in the service and they saw them regularly.

The systems and frameworks in place provided the registered manager with a clear oversight of practice and

care within the service. The registered managers office was above the staff area which was at the heart of the building. From the staff office, members of staff were able to provide good cover to the downstairs bedrooms, shared areas, and to the rehabilitation annexe, all of which were within earshot. People in upstairs rooms were able to summon assistance using panic alarms (a pendant alarm system) which they confirmed they understood and had made use of.

There was a system of audits and checks in place to identify and address any shortcomings in service delivery. Care plans, records of people's personal monies and medicine records were all reviewed regularly. In addition the registered manager reviewed records and incidents alongside each other to try and highlight any patterns as noted in the effective section of this report. Annual surveys were given to people and staff to gather their views across a range of areas. The results from the last survey were positive.

There was a set of house rules in place to help the smooth running of the service. These formed part of the tenancy agreement which people signed when joining the service.

Following the inspection we were told the registered manager had left the service with immediate effect. We discussed the arrangements in place for the management of the service with the provider. They told us they had advertised for a new manager. They were also considering their own position in relation to the management of the service. In the interim period a senior care worker had been given an additional ten hours protected time to complete administrative duties. The provider told us they were also supporting the running of the service on a daily basis.