Pendlebury Care Homes Limited

Pendlebury Court 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?	Requires Improvement

Summary of findings

Overall summary

We inspected Pendlebury Court Care Home on 18 April 2018. The service was registered to accommodate up to 39 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 36 people living in the care home. The service was last inspected on 26 September 2016; no concerns were identified and the service was rated Good overall.

There was no registered manager in post, although the acting manager was present on the day 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.

People received care and support from staff that were appropriately trained and competent to meet their individual needs. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed and improved care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to guide staff on how keep people safe from harm.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. People were protected from potential discrimination as staff were aware of and responded effectively to their identified needs, choices and preferences. People's individual communication needs were assessed and they were supported to communicate effectively with staff.

Thorough staff recruitment procedures were followed and appropriate pre-employment checks had been made.

Systems were in place to ensure medicines were managed safely in accordance with current regulations and guidance. People received medicines when they needed them and as prescribed.

The acting manager worked in cooperation with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People were able to access health, social and medical care, as required.

The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation

of Liberty Safeguards (DoLS). 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.

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments and views.

The provider had failed to consistently notify the Care Quality Commission of events in line with statutory requirements.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager in post.

The provider had failed to consistently notify the Care Quality Commission of events in line with statutory requirements.

Inconsistent quality assurance systems meant shortfalls in the care people received were not always identified or acted upon.

There was an open and inclusive culture. Although formal supervision had not taken place, staff felt valued and supported.

The previous rating was displayed correctly on the website.

Pendlebury Court 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 April 2018 and was unannounced. The inspection team consisted of two inspectors 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 13 people who used the service, nine relatives and two health care professionals. We also spoke with the activities co-ordinator, three care workers, two management consultants, the acting manager and the registered provider. Throughout the day we observed care practices, the administration of medicines and general interactions between people who used the service and the staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt comfortable and safe at Pendlebury Court Care Home. One person told us, "I feel safe yes, just the presence of other people with the same kind of problems and having the staff that understand, they've never been impatient." They went on to say, "We are all looked after, monitored and they make sure we're safe at night. You don't go up to your room on your own; you always go with a carer." Another person told us, "I don't think about not being safe. I know I can call on [staff] in the night. I try not to trouble them but I can just shout 'nurse' and they come. And if I tread on the pressure mat, accidentally there's someone there in minutes."

This view was supported by relatives we spoke with. One relative told us, "Since [family member] had a fall they been very unsteady on their feet but still tries to get up to go to the toilet so they [staff] have put a pressure mat in their room." They went on to say, "[Family member] is certainly safe here, they wandered at home and I worried because I can't walk well enough to catch them." Another relative said, "I have no concerns, [family member] is being looked after 24 hours, she gets very anxious at night-time and they regularly check up on her to make sure she's okay."

There were sufficient staff to keep people safe and meet their needs. One relative told us, "Yes there's enough staff I think. I've never seen anyone waiting for attention and there's always someone around when we are here." The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels

The duty rotas showed that staffing levels had been increased to reflect people's increased care needs when this was necessary. Throughout the day we observed call bells were answered in a timely manner and we saw staff spend time with people they supported and people appeared comfortable and relaxed.

The provider's arrangements for the safe management of medicines were effective and appropriate. Medicines were administered to people by staff that had received the required training. There were policies and procedures in place to support staff at all levels to ensure that people's medicines were stored, administered and disposed of properly. People and their relatives we spoke with were satisfied medicines were well managed and administered in a safe and timely manner.

We observed medicines being administered during lunchtime. We saw staff checked against the medicines administration record (MAR) for each person, explained to the person what the medicine was for, offered them a drink and patiently waited until they had taken the dose. We observed the medicines trolley was always locked when unattended.

The provider had safe and thorough recruitment procedures and policy in place. We found appropriate procedures had been followed before staff were employed. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work The provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they

recruit are suitable to work with people who use care and support services.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed to ensure they were appropriately managed. Personal risk assessments included any specific needs such as moving and handling, communication and mobility. Any specialised equipment required in relation to people's care and support, such as mobility aids hoist and slings, was also recorded in their individual plan and included specific guidance for staff. In care plans we looked at, we saw personal and environmental risk assessments were in place and up to date. People told us they had been directly involved in the assessment and review process and we saw this was recorded in individual care plans.

Systems were in place to help ensure people were protected from abuse. Staff had received safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner. However we found one occasion where an issue had not been identified as a possible theft.

The acting manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

People and their relatives told us they were satisfied the premises were kept clean, safe and well maintained. We saw the premises were clean and well maintained. Staff had been trained in infection prevention and control, as well as in food hygiene. We saw staff practised good hand hygiene, for example before they assisted people with their meal or medicines. This demonstrated the provider had taken steps to ensure people were protected by the prevention and control of infection.

Good

Is the service effective?

Our findings

Relatives spoke positively about the quality of care staff provided for their family members. People we spoke with felt staff knew them well, were aware of their individual needs and understood the best ways to help and support them. One person told us, "The staff here are lovely, they seem to know what we want and they can't do enough for you." Another person said, "Everyone knows what they're doing."

Two visiting health care professionals spoke positively about the care people received at Pendlebury Court. They told us they were called out appropriately and in a timely manner and confirmed their directions and any recommendations made were always followed. They said they had confidence in the acting manager and staff team and described the constructive working relationships and effective communication with the service.

We saw people's individual support plans had recently been completely restructured to ensure information was accurate up to date and readily accessible. Plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment. These included physiotherapists, speech and language therapists (SALT), tissue viability nurses and dieticians. Overall the plans were informative and easy to follow. They were person centred and discussed individuals' likes, dislikes, choices and preferences. This demonstrated people received consistent, coordinated care and support.

People were supported by staff who were trained, experienced and had the necessary skills and knowledge to provide their personal care. Staff we spoke with had completed all essential training and felt confident and competent to carry out their responsibilities. People received care and support from staff who had the necessary skills and competence to support them safely. All staff were up to date with their training.

We saw staff communicate with people in a manner that allowed them to be clear about their needs and wishes. For example, we saw a person who did not look happy. Staff spent time with them until they understood the problem and then sorted it out.

Staff received an effective induction when starting at the service. One member of staff described this and told us they had the opportunity to shadow more experienced colleagues when they first started work at the service. They said they were well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive."

Staff confirmed they had not always received regular supervision in the past, although this had now been reinstated. They said supervision – confidential one to one meetings with their line manager - gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and gain feedback about their own performances. One member of staff, who had worked at the service for over 10 years told us, "Working here is more than just a job. The residents are more like family to us and I'm not going anywhere." Another member of staff said, "We're a really good team here and we all support one another."

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice was followed. This was supported by training records we saw and demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People spoke positively about the quality and choice of the food provided and said portions were generous and there was always an alternative option available. One person told us, "The food is very good here, I really enjoy the meals". Another person said, "The food is pretty decent really, you get enough I think it's quite adequate, the staff are quite good, if you want anything a bit different they do try and accommodate you." A visiting relative told us, "I know [family member] is very well fed, she enjoys the food."

We observed lunchtime and saw all the food was home-made and looked appetising. Staff were kind and attentive to people and offered discreet assistance where needed. We saw one member of staff helped a person with their meal in their room. This was done in a kindly, patient manner, chatting with the person all the while and offering encouragement and praise. In the dining room one person was not eating and a member of staff sat with them, and provided patient encouragement and support. People were asked if they had had enough to eat and if they wanted more.

People told us they had access to snacks and drinks during the day. One person said "We get enough to drink, I've got one now and a trolley comes around." A relative told us "The staff bring drinks around and biscuits, sometimes ice-creams or cakes." During the afternoon we saw there were home-made cup-cakes brought round on the tea trolley and people were also offered milk shakes or smoothies. The deputy manager told us drinks including fortified smoothies and fruit were available all day and that since these had been introduced people had put on or maintained weight and the incidences of urine infections had gone down. This demonstrated people were supported to have sufficient to eat and drink.

People could be assured that they would receive effective support in relation to their health as their needs had been assessed and a care plan detailing how staff should deliver their care had been drawn up. The care plans gave staff clear directions on how to meet people's care in the manner they wanted. One person had been identified as being at risk of a health condition which required regular monitoring to prevent it worsening. We saw directions to staff on how to manage this. A health care professional we spoke with assured us this was happening and the wound was recovering appropriately. We were told medical intervention was always done in a timely manner and identified by staff appropriately.

People had access to the appropriate health and social care professionals. This included community nurses and GPs and other specialised professionals such as speech and language therapy (SALT). There were arrangements in place for chiropodist and opticians to visit people in the service. Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner. Individual care and support plans we looked at included a section that documented people's medical needs including doctor, dental, podiatry and opticians appointments and outcomes which meant people's health and wellbeing was consistently maintained.

The needs of people living with dementia and memory loss were not always taken into account in the design and decoration of the home. Dementia friendly signage and colour schemes were not evident. We discussed this issue with the acting manager who said they would now consider this within the service to support people further. Those people who needed a wheelchair or other mobility aid had this explored to ensure they had the right equipment.

People told us they could see a doctor or other health care professional as necessary. They said their health and well-being were dealt with and well managed. One person told us, "I needed a doctor for my legs and [staff] got her for me. I've also been to hospital a few times and staff from here went with me." A relative told us, "[Staff] will always get a doctor or ambulance, when necessary and they always ring me if [family member] is not well and let me know." We were told that an optician, chiropodist and hairdresser visit the home". In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. For example, staff told us they had to make day to day and complex decisions on behalf of one person as they were unable to do so themselves. This was recorded in their care plans. Staff and managers had the required competency to ensure the MCA was correctly applied. Staff had training in the MCA and consequently had up to date knowledge of the MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. Three care plans we looked at had the appropriate paperwork. This demonstrated the service was working within the principles of the MCA and DoLS.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment at Pendlebury Court and the kind and compassionate nature of all staff. One person told us, "The carers are smashing; very kind and they'll help you with anything you want". Another person said, "These girls are marvellous, they run around after you, you can have a laugh with them. You are well looked after." A relative told us, "Staff here are generally very friendly, they always make us very welcome and are very pleasant and attentive." It was obvious listening to staff interact with people that they knew the people and people appeared comfortable with them. Another relative said, "[Family member] is sleeping and eating very well here which is good. [Family member] recognises them all (staff) and seems to like them all."

We saw care and support was personalised to meet people's identified needs and people had the opportunity to be involved in developing their individual care plan. Staff we spoke with were aware of people's life history, their likes and dislikes and how they preferred to be supported. The care plans contained a section related to, 'What's important to me.' For example one person had written. 'I am a very proud lady and like to feel listened to.'

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance .as necessary. For example, we observed the activities coordinator kneel down in front of a person who appeared confused and distressed. We saw they were holding the person's hands, talking gently and offering sensitive reassurance. We saw the person began smiling at the member of staff and appeared much calmer. This demonstrated people were treated with kindness and compassion in their day-to-day care and support.

People were encouraged to communicate in ways which suited them. Although most people at the service were able to communicate verbally, we saw some people, including those living with dementia, needed additional support to express themselves. Personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. These plans included information about how people received and understood information, and throughout the day we observed staff work in accordance with the guidance.

The deputy manager emphasised the importance of effective communication and they confirmed people were encouraged to communicate in ways which suited them. We saw individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We observed interactions and conversations between staff and the people they supported were friendly and good natured; they were not just task related and people were relaxed and comfortable with staff. People were encouraged and supported to make decisions and choices about all aspects of their care. Their

choices were respected by the staff. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people and their relatives we spoke with who said staff were professional in their approach and they treated people with dignity and respect. For example one relative told us, "The staff are wonderful and very thoughtful, they treat [family member] with consideration and respect. He was always so smart and loved to be well turned out and they keep him clean and smart now, which means so much to him and me." Another relative said, "[Staff] are always having a laugh with [family member] but they do respect him." This demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their assessed needs. Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them.

People we spoke with said they felt the care staff provided was responsive to their needs and choices available to them. One person told us, "I have arthritis and can't bend my back and legs so need help getting up. If I ring my bell I don't wait long." People also told us they were happy and comfortable with their rooms and we saw rooms were personalised with people's individual possessions, including small items of furniture, photographs and memorabilia.

We also received positive comments from relatives who considered the service was responsive to their family member's needs, choices and preferences and felt the activities provided reflected their interests, as far as practicable. One relative told us, "'[Family member] loves doing painting. There are lots of group activities like memory games. I come one morning a week and on different days and there is always something going on and [family member] loves it all.'' Another relative said, "[Staff] listen and take account of people's feelings. [Family member] was upset when a particular chair was being moved. They went by what he wanted.'' This demonstrated the care and support people received reflected their emotional and social needs.

People told us they could choose when to go to bed and get up. One person said, "Of course there has to be some order, we can't all go at once but generally speaking yes I can go to bed when I choose. I think you could stay in bed if you wanted but I don't do that." Another person told us, "[Staff] ask you if you want to go to bed, if you don't, that's ok. I do sometimes ring them in a morning and say I want to get up but I usually wait 'til they come. If I ring the bell it varies, some might be quicker than others. It can be five or 10 minutes sometimes, it's never a problem though."

Care plans we looked at were personalised to reflect people's wishes, preferences and what was important to them. They contained details of their personal histories and interests and guidelines for staff regarding how they wanted their personal care and support provided. We saw people who used the service were included in planning and agreeing to the care they received. A management consultant we spoke with confirmed the service was in the process of implementing new, more concise support plans.

We looked at care and support plans, including risk assessments. They contained personal details, including relevant background information, and comprehensive assessments and reviews which were up to date and well maintained. We saw people's individual care plans clearly documented they had been directly involved in the development and reviewing process. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

At the time of our inspection visits no one was at the end of their life. The service has an end of life care planning process. This ensure the service works closely with the local health care professionals to ensure

people receive a comfortable, dignified and pain free death.

Staff described how they worked with people to meet their diverse needs, for example relating to disability, gender, ethnicity, and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated. Staff were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs.

We also saw personalised activities were co-ordinated, both in groups and on a one-to-one basis, by an activities co-ordinator who was clearly very popular with people and their relatives. This demonstrated the service was responsive to people's individual care and support needs.

The provider had systems in place for handling and managing complaints and we saw the last complaint was received in August 2016.

People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One person told us, "If I had any problems I know I could approach any of the staff and they would always listen." A relative told us, "I would be confident in reporting any concerns to [registered manager] but I really don't have any concerns or worries to complain about," The acting manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that most complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post. The provider had appointed a trusted and long standing member of staff as the acting manager. However they had not yet applied to be registered with CQC, although they intended to do so. The provider had also employed the services of two experienced management consultants, to work closely with the acting manager to identify and address significant shortfalls, including care plans and quality monitoring audits.

People and their relatives spoke positively about the acting manager, however they said there had been several changes of manager over recent months, which been unsettling for everybody. This was supported by members of staff we spoke with. One member of staff told us, "Managers seem to come and go and it's very unsettling when they all come here with their new ideas and want to change everything." They went on to say, "We just think, how long is this one going to last?" Another member of staff told us, "Some staff have been upset by the attitude of new managers and left. I'm not going to lie to you, morale did go down but people are feeling better now with [Acting manager] who knows us and, more importantly, knows the residents."

During our inspection we observed the acting manager was visible throughout the day. We saw they would stop and spend time with people, engaging in friendly conversation as they went round. People clearly knew who the acting manager was, they were pleased to see them and felt comfortable speaking with them. One relative commented, "There's a good atmosphere in the home." They felt well informed and said they thought communication with the staff and acting manager was satisfactory. This demonstrated an open and transparent service and good, effective and visible leadership.

Staff were aware of their roles and responsibilities and spoke positively about the newly appointed acting manager, who they described as approachable and very supportive. One member of staff told us, "We've got a good team here, the morale is getting better and we all look out for each other."

Staff we spoke with also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the acting manager. They were also confident that any such issues would be listened to and acted upon appropriately.

The acting manager had not always notified the Care Quality Commission of any significant events at the service as they are legally required to do. Neither had they also notified other relevant agencies of incidents and events when required. The acting manager said they had received support from commissioners and confirmed they had taken part in reviews and best interest meetings with the local authority and health care professionals, as necessary. This demonstrated the provider worked effectively with partners and other external agencies, in the best interests of people who used the service.

We found systems in place to formally assess, review and monitor the quality of care were inconsistent. These included satisfaction questionnaires to obtain the views of people who lived in the home and regular audits of the environment, the health and safety of people, medicines management and the management of

care records. We saw there were gaps in recording audits with some not having been completed since last year. A recent survey showed some items had allegedly gone missing from a person's room. However the management had not recognised this as a complaint and had not investigated it. When we pointed this out to them they undertook to investigate it and also to refer the matter to safeguarding.

The acting manager confirmed that quality monitoring systems had "slipped" during the last 12 months. One of the management consultants told us their priority had been, "To ensure compliance in terms of paperwork, which had been in an appalling state. This included staff supervision records, menus and quality monitoring audits, which have not been carried out since October 2017." They said a lot of work had taken place to improve the structure and content of care plans. This was evident from care plans we saw which were detailed and person-centred, providing staff with concise, readily accessible information regarding the identified care needs of the people they supported. This demonstrated a commitment by the registered provider to develop and enhance the performances of staff and systems, to help drive improvements in service provision.