

Pendene House Residential Home Limited

Pendene House

Inspection report

15 Pendene Road
Stoneygate
Leicester
Leicestershire
LE2 3DQ

Tel: 01162708911

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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

About the service: Pendene House is a care home providing personal care and accommodation for up to 17 people, some of whom have dementia and/or mental health needs. There were 15 people living at the service at the time of our inspection.

People's experience of using this service:

People felt safe living at Pendene House and felt safe with the staff team who supported them.

The registered manager and staff team understood their responsibilities for keeping people safe from abuse and avoidable harm. Training in the safeguarding of adults had been provided and the staff team knew what to do should they be worried about someone.

Risks associated with people's care and support had been assessed and managed.

People received their medicines in a safe way and as prescribed. Staff members responsible for supporting people with their medicines, had their competency checked on a regular basis.

New members of staff were appropriately recruited and there were suitable numbers of staff available to meet people's needs in a safe and timely way. The staff team had the knowledge they needed to enable them to meet people's needs.

The staff team adhered to the provider's infection control policy. People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time on their own, or with others.

The registered manager ensured lessons were learned when things went wrong and was continually improving the service.

People's needs had been assessed and plans of care developed. The staff team knew the care and support needs of the people they were supporting.

People were supported to eat and drink well and a balanced diet was offered. Healthcare professionals were involved in people's care when needed.

People were involved in making decisions about their care and support whenever possible and their consent was always obtained.

People were supported to have the 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.

The staff team ensured people's privacy and dignity were maintained and they treated people with kindness and respect. People's wishes at the end of their life were explored.

A formal complaints process was displayed explaining what people should do, should they have a concern of any kind.

Systems were in place to monitor the quality and safety of the service being provided.

People, their relatives and staff were involved in how the service was run through meetings, the use of surveys and day to day conversations with the registered manager and the staff team.

The registered manager worked in partnership with others to ensure people received safe care and support.

More information is in the full report.

Rating at last inspection: Good (report published 14 October 2016) all the key questions were rated Good except Well Led, which was rated requires improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Pendene House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, 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. Their area of expertise was older people living with dementia.

Service and service type: Pendene House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The Inspection was unannounced.

What we did:

Before inspection: The provider had completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicester, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with seven people living there and one relative. We also spoke with the registered manager, the provider of the service and six members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care

and how the service was managed. This included two people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service and their relatives, staff training records and the recruitment checks carried out for a new staff member employed at the service. We also looked at a sample of the providers quality assurance audits the registered manager had completed.

After inspection: The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Pendene House and with the staff team who supported them. One person told us, "I am a lot safer living here than I was in my own flat. I have nothing to worry about here."
- The staff team had received training in the safeguarding of adults and they knew how to keep people safe from avoidable harm. One explained, "I would tell [registered manager], he would deal with it and if not, I would report it to CQC."
- The registered manager and management team understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and CQC.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed and measures had been put in place to reduce these as much as possible.
- Risks assessed included those associated with the moving and handling of people, people's nutrition and hydration and the risks of falls.
- Regular safety checks had been carried out on the environment and on the equipment used. Checks had been carried out on the hot water to ensure it was delivered at a safe temperature and yearly checks had been carried out on equipment used, to check it remained in good condition.

Staffing and recruitment

- There were suitable numbers of staff working at the service to keep people safe.
- Staff members told us there were enough staff rotated on shift to enable them to meet people's needs appropriately. One explained, "I feel there's enough of us." A relative explained, "The bells are answered quickly."
- Appropriate checks had been carried out on new staff members to make sure they were suitable to work at the service.

Using medicines safely

- People were supported to have their medicines at the right times and in a safe way. New documentation had been developed to aid the safe administration of medicines.
- Staff members had received training in medicine management and their competency was regularly checked.
- We saw the staff member allocated to administer medicines on the day of our visit, did so consistently and methodically. Good practice standards including hand hygiene were adhered to, and records were completed indicating medicines had been given. Some people were prescribed medicines to be taken as and when required such as for pain relief. We saw the staff member clearly enquiring as to whether people needed this medicine and documented in the medicine records when this had been given.

Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and they followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available for the staff team to use. One person told us, "The girls always wear their gloves and aprons when they help me with stuff."
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. This included following someone falling, obtaining sensor mats to improve people's safety when assessed at risk of falling. Falls audits showed a reduction in falls since the introduction of the sensor mats.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information regarding people's care and support needs had been obtained from the local authority were applicable, and their needs had been assessed. One person told us, "[Registered manager] did an assessment for me in hospital when it became obvious that I wouldn't be able to go home and live on my own again. They found out all the things I needed and what I liked, and it's been a positive experience all the way really."
- People using the service were supported to make choices about their care and support on a daily basis.
- Care and support were provided in line with national guidance and best practice guidelines. For example, for a person who lived with a specific health condition, the signs and symptoms to look out for were included in their plan of care.

Staff support: induction, training, skills and experience

- An induction into the service had been provided when new members of staff had started work. Training that equipped them with the knowledge they needed to support people had also been provided. One staff member explained, "I had an induction and I have just done a lot of on-line training."
- The registered manager had a system for monitoring staff training to ensure training was up to date.
- People were supported by staff who understood their needs.
- The staff team received support through regular supervisions, and an annual appraisal of their performance was carried out.

Supporting people to eat and drink enough to maintain a balanced diet

- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- People were supported to eat and drink well and maintain a healthy balanced diet. One person told us, "The food is good. I never go hungry."
- A choice of meal was available at each mealtime and if someone didn't like what was on the menu, alternatives were offered.
- Lunchtime was relaxed and unrushed and people received the support they needed in a way they preferred.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked with external agencies including commissioners and healthcare professionals to provide effective care. This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met.
- A relative told us, "They [staff team] sorted out [person] needs really quickly and they work well as a team."

Adapting service, design, decoration to meet people's needs

- People's needs were met by the design and decoration of the premises and the environment was comfortable and tastefully decorated.
- We did note there was limited dementia friendly signage to help people find their way around, even though it was evident that some people were living with this diagnosis. We saw following our visit, that signage had been purchased by the provider.

Supporting people to live healthier lives, access healthcare services and support

- The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals such as their GP had been sought. One person explained, "I had a tooth out recently at the dentist, and a carer went with me."

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised. We found that they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff team were kind and caring and they looked after them well. One person explained, "Staff are very respectful to everyone here and they take the time to make sure people understand." Another told us, "I think I get the best care that a care home can offer, and they are willing to listen to me, which is not always the case elsewhere."
- A relative told us, "I think [person] seems really happy here and staff are kind to them."
- The staff team spoke to people in a kind way and offered support in a relaxed and caring manner.
- Information was available to enable the staff team to provide individualised care and support. Staff were knowledgeable about people's history. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to make decisions about their day to day routines and express their views about their personal preferences. One person told us, "I much prefer to be in my room. It's nice and light in here and I can look onto the garden. The staff tell me if anything is happening, but to be honest, I am far happier in here." Another explained, "I can totally choose what I want to do here. I could stay in bed all day if I wanted to."
- The staff team were aware of the importance of supporting people to make their own day to day decisions. One explained, "We always give lots of choices. Whether it's about what clothes they [people using the service] want to wear, or what they want to do during the day."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity maintained. The staff team gave us examples of how they promoted people's privacy and dignity. One told us, "I always knock when I go into their rooms and always check they are happy for me to help."
- One person explained, "Staff are always respectful to me. They knock on my door if it's closed or make sure it's ok if it's open [before they enter]."
- People were supported to be as independent as possible. One person told us, "The laundry here is very good, but they [staff] know I don't like people going into my wardrobe and I like to put things away myself. So, they just leave it on the table and I put it away myself." Another told us, "They let me have a level of independence that means it works all round. I organise my own life really and my appointments too, but living here gives me discipline to my day and I know there is someone to help me if I need it, which is a comfort."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had been involved in the planning of their care with the support of their relatives. One person explained, "I had a really thorough assessment before I came here and [registered manager] explained what it was like and what they were going to do for me. [Registered manager] made sure I was clear about what was being offered and has checked I am ok since. I am well looked after here."
- People received care and support based on their individual needs and plans of care had been developed when they had first moved into the service. We did note for one person who had recently arrived at the service, their plan of care had limited information within it. The registered manager was in the process of developing this further. Whilst their plan of care was still in its infancy, the staff team were aware of the person's needs and the support they required.
- People's preferences regarding their care and support were followed. One person told us, "The place is much more flexible since [registered manager] took over. The mealtimes just didn't work for me, so now as long as I let staff know what I am doing that day, they will work meals around me and are always happy to put something by for me if I am not around at mealtimes. It just works."
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 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. Information within the service was available in large print and pictorial form.
- People were supported to follow their interests and take part in activities. Whilst activities were currently being provided by the staff team on duty, the registered manager told us they were in the process of recruiting an activities leader to take over this role. One person told us, "[Registered manager] gets hold of leaflets about things locally in case I want to go out."
- The registered manager explained they were looking at external providers to include sensory animals [pat dog], reintroducing the services from local churches and arranging visits from local schools. A staff member explained, "They have really looked into activities here and there is one outside person who comes regularly to do exercise and the residents love it. It's nice to see them joining in."

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and a copy was displayed for people's information. People we spoke with knew who to talk to if they had a concern or complaint of any kind. One person told us, "I don't think I have ever had to complain, but I am not afraid to speak up and I know they would sort it. They are good like that."

End of life care and support

- People had been provided with the opportunity to discuss their wishes at the end of their life. End of life

plans were completed showing people's choices and preferences and the staff team adhered to those wishes. One staff member explained, "It's about giving people the best quality care you can give them at the end. We have such a bond with them, we need to be strong for them and their families. We make sure we know their wishes at the end, so we can carry them out."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in place and people spoke positively about them and the staff team. One person explained, "Everyone is very approachable here. It's a nice atmosphere and we all just get on. I can always speak to [registered manager] if I have any concerns. He is always there to help me if I need it. I think they do amazingly well." Another told us, "The residents have really warmed to [registered manager] since he came here. He is very personable, is always out on the floor proving that he will do whatever is necessary to get the job done and has created a good team spirit. The owners are approachable too and are often here, so residents know them."
- Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The registered manager regularly monitored the quality of the service provided. Checks had been carried out on the paperwork held including people's plans of care, medicine records and falls. Audits on the environment had also been undertaken.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was ever present at the service and made themselves available to all. They worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One explained, "It is a good staff team and we all work together for the benefit of the residents." Another explained, "We are here to give the best care we can and to make sure people are safe and well cared for."
- The staff team knew people's individual needs and ensured good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through informal chats, regular meetings and the use of surveys.
- The registered manager also held a weekly surgery. This provided people the opportunity to meet with them to discuss any issues they had.
- The staff team had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the registered manager. One explained, "[Registered manager] has really listened to any ideas I have had to improve the service and acted on them, so I do feel a valued member of the team."

Continuous learning and improving care

- The registered manager was committed to continually improving the service. For one person who showed an interest in using the internet, a computer was made available to them. Improvements had been made to the medicine records to aid safe management of medicines and improvements to the environment were evident.
- The registered manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.

Working in partnership with others

- The registered manager worked openly with stakeholders and other agencies. This included liaising with social work teams and other professionals when appropriate, to ensure people received care that was appropriate for their assessed needs.