

HC-One Limited

# Pendleton 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?

Good ●

# Summary of findings

## Overall summary

About the service:

Pendleton Court is a care home which provides support for up to 58 people who require either; residential care, general nursing, or dementia nursing. At the time of the inspection there were 56 people living at Pendleton Court.

People's experience of using this service:

People appeared content and told us they felt safe. They were supported by caring and enthusiastic staff who provided stimulation and activity throughout the day. They were encouraged to maintain and develop interests and hobbies. Privacy and choice were respected, and confidential information was kept securely.

Staff understood safeguarding procedures and when concerns had been raised these were investigated and followed up appropriately. Similarly, there was evidence that the service learned from accidents and incidents, with follow up action to avoid further incidents occurring. Risks were identified, and steps taken to mitigate generic, individual and environmental risks.

The home was clean and well maintained; people were appropriately dressed and well groomed, and their personal care needs were generally met.

Before they moved to Pendleton Court, people told us they received a good assessment of their needs, and prior to admission the registered manager told us they considered issues of compatibility. Detailed care plans were person-centred, addressed need were regularly reviewed and people and their relatives had a say in how their care is delivered. Staff were vigilant to any changes in need.

Staff were appropriately recruited and inducted into service. All staff have access to up to date and refresher training and received supervision and appraisal.

There were enough staff throughout the service, they were able to complete tasks in a timely fashion. People told us call bells were answered promptly, and staff had enough time to spend with them. Staff worked well together and cooperated to complete and share allocated tasks.

People were offered appropriate choices. Staff had a good understanding of capacity and consent, acted in people's best interests and didn't always make assumptions about what people wanted.

The service had a registered manager who was respected by the staff, people and their family members. Staff felt directed and supported, and the registered manager had helped to develop a family culture in the service. People felt valued. Complaints were appropriately dealt with and used as a learning opportunity.

People and their families had a say in how the service was run through resident and relative meetings, and regular surveys and questionnaires. Feedback from recent surveys was mostly positive; adverse comments were acted upon where possible.

Regular audits and checks were undertaken including daily walkabout and management/quality checks. Where issues were noted actions were taken to improve the quality of the service.

#### Rating at last inspection:

Our last comprehensive inspection of Pendleton Court was in September 2016. The overall rating was 'Good', and the report was published on 27 October 2016. We undertook a further focussed inspection in January 2017, and the ratings for the sections we inspected ('safe' and 'well led') were good. This report was published on 31 March 2017.

#### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Good this meant we needed to re-inspect within approximately 30 months of this date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Pendleton Court Care Home

## 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 Adult social care inspector.

#### Service and service type:

Pendleton Court is a 'care home' with nursing care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at.

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:

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming. We carried out our inspection on 24 and 25 April 2019.

#### What we did:

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at information we held about the service including notifications they had made to us about important events and reviewed information sent to us from stakeholders, for example, the local authority and members of the public. Prior to our inspection we contacted the local authority commissioning and safeguarding team to ask for feedback about their relationships with the home.

During the inspection we spoke with six people who use the service, seven visiting family members, the registered manager, deputy manager, area quality director, a nurse, a housekeeper, a well-being coordinator and four care workers.

We reviewed a range of records. This included five people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- A visiting family member told us, "I am just grateful she is where she is. I trusted the staff with the most precious thing in my life: my mum. They haven't let me down".
- The people who used the service and their relatives said they felt safe at Pendleton Court. One person told us, "I am very well treated. I like the staff and they look after me. They make me feel secure. I am safe and well looked after". A visiting family member told us, "[My relative] is safe. I feel reassured that she is being looked after; they are very good at supporting her and keeping her safe."
- Systems were in place to ensure staff had the right guidance to keep people safe from harm. These included policies and procedures to protect people from abuse. Staff had received safeguarding training as part of their essential training and this was refreshed regularly. When we spoke with them, they were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. One care assistant told us, "I will report any suspicions where I see something wrong. People are encouraged to speak up if they see or hear something they don't like"
- The service followed a consistent approach to referring any suspicions or allegations of abuse to the local authority and cooperating in any investigations in line with local authority policy and procedures. Where allegations of abuse were substantiated appropriate action was taken and measures were put in place to prevent future incidents.

Assessing risk, safety monitoring and management:

- Risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. Risk assessments were regularly reviewed. Equipment identified in care plans include pressure mats sensors and other safety measures to minimise risks. One visiting relative told us, "I had some trepidations when [my relative] first arrived, but [the staff] try. There were a couple of falls at first, but they were on to it straight away and I feel reassured that they have assessed risks and keep hazards to a minimum. They keep an eye on what she eats and makes sure she is well hydrated, with drinks throughout the day."
- Whilst specific risks to individuals were identified and action was taken to mitigate the risk, we saw some risks, such as a person refusing support with personal hygiene, were not always recorded. There was no instruction to staff as to how to manage the risk. We spoke with the registered manager about this and they agreed to review care plans to provide appropriate instruction to manage risk.
- We saw when transferring people, staff were mindful of any hazards or risks. For example, when manoeuvring people in wheelchairs staff checked straps and footplates were in place. They gave good instruction, for instance, when hoisting a person, they asked the person to put their hands up, "So they don't get caught going up."
- The management team undertook environmental risk assessments and regular checks of the

environment, fire equipment and water safety. A maintenance file identified when action was needed to check appliances and review or renew safety certificates. As we toured the premises we saw that all chemicals and cleaning fluids which could be harmful were stored safely when not in use.

- Routine fire drills were carried out to ensure staff knew what to do in the case of an emergency and people had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- Accidents and incidents were documented in an accident book. Where incidents occurred, there was evidence of investigation and follow up action.

#### Staffing and recruitment:

- We observed enough numbers of staff to keep people safe, and staffing rotas confirmed this. One care assistant told us, "We work well together to complete tasks, so we always have time with people; more in the afternoons, there is time to interact with them and learn their histories and what interests them."
- People told us there were enough staff, and we saw a good staff mix; in addition to nursing and care staff, domestic, catering and maintenance staff all appeared to know the people who used the service well, and spent time talking with them.
- The service used a dependency tool to determine the levels of support for each person, ensuring there was a mix of registered nurses and care staff. People told us they were supported by staff who knew them, and we saw staff were familiar with people and how they liked to be supported. Staff told us they would work extra hours to cover for sickness and annual leave, meaning the use of agency staff was kept to a minimum.
- People told us they did not have to wait long if they called for assistance and we noticed call bells were answered promptly.
- Staff recruitment files showed staff were recruited in line with safe practice and equal opportunities protocols.
- Staff recruitment folders included, employment histories, suitable references and appropriate checks were carried out to ensure potential staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) for staff and checks with the Nursing and Midwifery Council (NMC) to ensure nurses pin numbers were valid.

#### Using medicines safely:

- All the people we spoke with told us they received their medicines safely, on time and as prescribed.
- One person had chosen to self-medicate and told us they were supported to maintain their independence for as long as possible. The service had provided a locked box for them to store their medicines safely.
- Staff who gave people medicines had read the provider's policies and procedures for safe medicine management. They had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe. A senior care assistant who administered some medicines told us they had received good training around medicine administration and their competency was checked regularly.
- Safe systems were in place for the storage and disposal of medicines, this was checked and recorded by two trained nurses. Medicine expiry dates were checked, and a monthly audit of all medicine cupboards were checked, and expired medication was disposed of.
- Systems were in place to record daily temperatures of the medicine cabinets and these were audited monthly.
- There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN).
- Records showed that medication was administered as prescribed. Each person had a medication administration record (MAR) which detailed the medicines they required and when they were administered. We checked five MAR charts and saw that they had been completed accurately.
- Where people had been prescribed creams and ointments body maps were used to indicate where the



creams needed to be applied.

#### Preventing and controlling infection:

- We had to postpone our inspection as there had been an outbreak of sickness and diarrhoea. However, the registered manager informed us that people living at Pendleton Court and 86% of staff had been given a 'flu injection the previous winter.
- Staff understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. Staff had attended infection prevention and control training.
- There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free. We spoke to a housekeeper, who informed us they received regular training, and demonstrated a sound knowledge of how to minimise the risk of infection and used specific cleaning materials to ensure the environment was safe from the spread of infections such as MRSA and Clostridium Difficile.
- There was a cleaning schedule in place, and senior housekeeping staff attended daily flash meetings, which provided an opportunity for all senior staff to meet on a daily basis to discuss any issues from the previous twenty-four hours and consider any actions for the day. They ensured a deep clean of each room at least once per month.

#### Learning lessons when things go wrong:

- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.
- Following incidents, the service looked to find how they could better respond to people. One visiting family member told us, "There is no defensiveness, they want to do what's best. They ask me what they can do – I know what works – and they are prepared to listen and try new ways to support [my relative]."

# 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.

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:

- Prior to their admission to Pendleton Court, the registered manager or a senior member of staff undertook a thorough pre-assessment of the person's needs. This was included in their care records and used to formulate a full care plan, detailing how they liked their needs to be met. The registered manager told us when considering a person for admission they took into account the needs of the people already supported at Pendleton Court and were willing to refuse admission if they felt this would have an adverse impact on people.
- One person told us about their admission into the service. They said, "I had a lovely introduction. They, came to see me, told me about the place and asked questions about how they might help. Then when I came I had a lovely introduction; I can't fault the way they helped me to settle", and a visiting relative remarked, "When my mum came here they really helped with the transition: it was like meeting old friends."
- Support plans were thorough and contained person-centred information detailing what was important to the individual. Records, including care plans and risk assessments were reviewed and updated when a change in need was identified.
- Staff recognised the need to promote equality and diversity and their understanding was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience:

- Staff told us about their experience during their induction. They said the process had been comprehensive and equipped them to support people effectively. They told us during their induction period they completed all relevant training and spent time shadowing more experienced staff and met with the people they were supporting.
- Staff were competent, knowledgeable and skilled. A visiting relative told us, "[The staff] are efficient, knowledgeable and know their stuff. Everything gets done. They are dedicated, and work to maintain independence. They have worked very hard on my mum to keep her active, she is in better health and they still try to achieve more, willing her on. If Pendleton Court can't get it right nobody can."
- Staff said they had access to regular training. Much of the training was completed on line using the provider's 'one touch' training tool. This could be done by staff from their own home, but a separate training room provided staff with access to ongoing training whilst at the service. The service kept a record of all training and refresher training completed to ensure staff remained up to date with their training needs. Some training was provided through face to face and classroom learning. One care assistant told us, "E-learning is good, but I prefer in house; I seem to get a better understanding of the topic and can relate it more to the people we work with. It makes it more real."
- Staff received regular supervision and told us that they felt supported by the managers and senior staff. The registered manager showed us a matrix where supervision was planned to take place for each person.

However, notes showed supervision was often a discussion around a specific topic, such as hand washing techniques. This did not allow staff to reflect on their work or consider mutual understanding of issues and concerns. We raised this with the registered manager who agreed to consider how to make supervision a more personal and useful experience for staff.

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

- People and their visitors told us the food was of a reasonable standard. One person told us, "The food is alright. I don't have much of an appetite, but they encourage me and give me things I like." A visiting family member told us their relative ate well and enjoyed the food provided, but bemoaned the lack of variety at tea time, telling us, "Soup and a sandwich every night can get a bit boring, but [my relative] seems happy with this."
- Staff ensured there was a plentiful supply of fruit and snacks throughout the day, and we saw they were attentive to people's hydration needs, ensuring regular hot and cold drinks were available between meals.
- People were consulted on the type of food they liked. At the time of our inspection nobody required their food to be prepared in accordance with specific cultural or religious requirements, but the chef was aware of how to follow religious guidelines.
- Care records showed attention was given to people's nutritional needs. We sawt Malnutrition Universal Screening tool (MUST) charts were used. People were weighed monthly to ensure they were maintaining weight. We noted where there were concerns about a person's weight they had been referred to the dietician for further advice and support and their weight was monitored on a weekly basis.
- Some people required pureed meals to assist with swallowing. We saw these were well presented and looked appetising. One visiting family member told us when treats were provided, such as on birthdays or special occasions their relative did not "miss out with cake and cream. They puree it and make it look good."
- On both units we saw lunch was a pleasant and sociable occasion. Tables were nicely set, and meals were served either in the dining room or people could choose to eat in their own rooms if they preferred. Care plans recognised any support or supervision the person might require at mealtimes, and at lunchtime we saw staff in the dining room would sit with people who needed assistance. One person told us, "I'm a fussy eater but they know what I like. I can't use my right hand, so they help me by cutting up my meat, other than that I can manage myself." Relatives were encouraged to stay at lunch and join in and helped to make this a more enjoyable occasion

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

- The service worked with other community stakeholders, such as social workers, the local authority and other commissioners, and health service staff such as doctors, district nurses and hospital staff to ensure effective care for people and that their needs and wishes were met.
- Staff had developed links with health care professionals to help make sure people received holistic and effective care. The staff knew people well and were vigilant to any changes in their condition so referrals to healthcare professionals were made in a timely manner. Staff followed professional's advice to ensure people's care and treatment needs were met.
- Assessments had been completed for people's physical and mental health needs.
- Staff worked well with one another. Information was passed on between each shift and staff told us they worked well together. One care assistant told us, "Teamwork is good, and we get a good handover at the start of our shift, so there is good communication. We cooperate well and help one another out. There is always the odd squabble, but the senior staff sort them out, and staff see the fun side of things: we can share a laugh with one another, and all get on."

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

- Pendleton Court has been converted from a school to provide care and support to older people and

adapted to provide ample living accommodation. There was a seating area with coffee machine close by the impressive entrance hall where people and visiting family members could meet and talk: relatives told us that they would often meet up in this area and had got to know one another.

- It was clean, well maintained, and free from any lingering unpleasant odours
- Dementia friendly lighting and signage assisted people to navigate through their surroundings. Handrails in contrasting colours assisted people to mobilise independently through corridors.
- Memory boxes and pictorial signs on doors assisted people to orientate to their own rooms, and noticeboards included visual information such as the day and date, weather conditions and pictures of the staff who were working on the day.

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

- A family member told us, "They are very attentive to physical needs. For example, [my relative] has good skin and they try to maintain that."
- Another visitor told us when their relative first arrived they were referred to an occupational therapist who provided appropriate aids to assist them with their mobility, and this had helped reduce the number of falls.
- All of the people we spoke with said they could see a doctor, dentist or any other health professional when they needed, and care records documented any changes in physical or mental health, noting any consultations with health professionals. We saw a grateful relative had sent a compliment note which read, "You were always on the ball whenever she was poorly and made sure the doctor came out."
- Referrals were made to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake. When instruction was provided by health professionals this was noted and followed.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful. They maintained a matrix which showed when a DoLS had been requested, authorised and an end date. Where people were subjected to deprivations of liberty and did not have a family member or friend who could represent them the service ensured an independent advocate was consulted to speak on their behalf.
- People who did not have capacity to make specific decisions were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice. People confirmed they were always offered choices in how their care was delivered. Staff told us they always asked for consent before providing assistance and had developed ways to ensure people's needs were met.
- Care records included consent forms, which people had signed to agree to the care and support provided

and having their photograph on file. Where they were unable to consent family, members told us they were always consulted about any changes in care. One family member told us, "[My relative] is on a DoLS, but I am always asked about any changes and kept informed of changes in care plan. If they suggest anything I am always involved in the decision."

# 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.

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:

- One family member told us, "All the residents here are treated with compassion and dignity and extremely well cared for. All the team are friendly and helpful." Another told us when their relative first arrived at Pendleton Court staff provided constant reassurance and responded patiently to help the person settle in their new surroundings.
- People were treated with respect, kindness and patience. When we asked them about their care, one person told us, "Staff here are great. They go out of their way to make sure I'm okay, and are willing to spend time with me, even when I'm being cantankerous and difficult. They don't lose patience." A visiting relative remarked, "Staff are lovely and caring. They bring in photos to show her. [My relative] is very well cared for, you can see that in her demeanour."
- We saw people were treated with kindness and addressed by their preferred name or terms of endearment. Person centred care was evident throughout our inspection; people appeared content, and the staff appeared to have a good understanding of the people they supported. When talking with people the staff stayed at their level and maintained eye contact, enunciating words and clarifying what was being said. When one person became anxious about a misplaced item, staff provided reassurance and began a search to locate the missing item.
- Staff spoke positively about specific people, showing affection and understanding of their past lives. When we asked, people told us the staff respected them, knew what they liked and how they liked to be supported.
- Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. They had received training in equality, diversity and inclusion.
- People were not restricted to service routines, for example, the registered manager told us people could choose what time to get up or when to have a bath or a shower, and their decisions were respected. One person told us, "All the staff are very good; warm and friendly, very caring. I couldn't ask for more from them," and another said, "I like to stay in my room and listen to my music and they are fine with that. They check to see I'm alright. If I need them I press my buzzer, they are here right away."

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

- We observed staff supporting people discreetly when needing assistance with personal care and responding to call bells promptly.
- People were supported to express their wishes, needs and preferences, and were consulted in reviews of their care plans. People told us they had seen their care plans and were invited to reviews.
- Things people had expressed as important to them were recorded. A short profile at the front of care records identified likes and dislikes and how their interests and hobbies could be maintained.

- There were no restrictions on visiting times and visitors told us they were always made welcome. A relative informed us, "They know me and the other visitors, and look after us too. I feel I am on their level and have made friends, they make it pleasant for us too." They told us they were kept informed of any changes in their relatives and felt involved in planning care.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were supported in the way they liked and were encouraged to maintain their independence. One person told us, "I won't give in, and the staff know that; they respect my wishes and know what I can do for myself."
- Care plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support which respected people's privacy and dignity. Information held about people, including all care records were securely stored when not in use, but staff had access and we saw they regularly consulted care plans and assessments to ensure they were providing appropriate care and support.
- Staff were aware of the need for confidentiality and explained how they would uphold this with their work practices.
- Visitors told us if they wanted to speak privately with their relative or friend they had access to various quiet areas or could use the person's own room for discussion.
- The service understood and respected people's right to a private and family life. We saw a compliment from a relative who lived on a different continent thanking the service for enabling them to keep in touch via phone calls and internet pictures.

## Is the service responsive?

### Our findings

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

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 received good person-centred care from staff who knew them well, promoted their independence and were responsive to their needs. A family member told us, "[My relative's] body is in a bad state, but she is at ease. This is her life and she is happy."
- Staff were able to tell us the individual characteristics and habits of the people they supported. They knew people's likes, dislikes and preferences and used this information to care for people in the way that they wanted to be supported.
- Each person had an individualised care plan which contained details of known preferences and interests alongside their support needs. A one-page profile at the front of each care record noted any specific issues staff needed to be aware of, such as any medical conditions or if they were subject to deprivation of liberty of liberty orders.
- Risks were assessed, and where identified care plans gave instruction as to how to minimise the risk.
- Staff were vigilant and noticed changes in people's behaviour appearance and conditions. Care plans were reviewed and updated to reflect changes in need.
- Daily notes and recordings were factual and provided detail about any interventions with people. Any changes on behaviour or mood were noted and notes were used when reviewing care plans.
- Each person's preferred communication methods were recorded and known by staff in the home. Some documents and notices were available to people which used easy read language and symbols. The registered manager had a clear understanding of the Accessible Information Standard.
- The service recognised the importance of stimulation, activity and exercise. A photo montage in the main entrance hall displayed pictures of people who lived at Pendleton Court engaging in a variety of activities. Staff were encouraged to make time to spend with people either on a one to one level or supporting group activities. Some of the regular activities included reminiscence sessions, bingo, arts and crafts, singing sessions and discos.
- The service employed a well-being coordinator who met each person to explore their lives and what was important to them in order to try to maintain hobbies and interests. She attended resident meetings to ask people for ideas about what they would like to do and arranged activities or commission visiting entertainers people told us they enjoyed music and had visits from opera singers, brass bands, and school choirs.
- When we asked, most people told us there was enough for them to do. One person told us, "I'm supported with most of the activities. There are some really good things going on, I particularly like embroidery. I used to like dining out and now we will sometimes go out to the pub for lunch; I can relate to how it used to be." A family member told us, "[My relative] is always involved in something. She likes needlework but needs help with this. There is always something going on; it's not just bingo."



Improving care quality in response to complaints or concerns:

- The service had a complaints policy and a copy was displayed on the noticeboard and each person was provided with this in their information pack.
- The service kept a record of all complaints, and from this we saw in the past year there had been seven complaints and six concerns raised in the past year. Records showed these had been followed up with investigation and outcome, and where necessary appropriate action and apologies had been documented.
- When we asked, people and their relatives told us they knew how to complain and were aware of the complaints policy.
- One person told us, "I haven't got any complaints, and never need to complain, my care couldn't be better."

Some of the people and visitors however told us that they had complained in the past and their complaints had been quickly and appropriately dealt with. One told us, "They took it on the chin. I've had no further complaints since."

End of life care and support

- At the time of our inspection nobody at Pendleton Court was receiving end of life care.
- We saw evidence of discussion with people about their wishes for care at the end of their life. Where people had agreed, end of life care plans were included in care records, detailing their beliefs and wishes.
- Where a 'do not attempt resuscitation' (DNAR) was in place, a copy was kept prominently on the person's care file. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR).
- Thank-you cards and compliments from relatives indicated gratitude for the care people had received at the end of their lives. One read, "Words cannot adequately express our thanks and gratitude for the respect and kindness that all the staff showed to Dad and to us during his final illness. You really are an outstanding group of people."

# 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.

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:

- Pendleton Court had a manager who had registered with the Care Quality Commission. She was employed by the provider as a 'turnaround manager' to ensure continuity and service development and had worked in a number of homes previously.
- Staff valued her support and leadership. They told us that she was approachable and would respond to any concerns. One told us, "The Manager has been great, nothing is too much for her and she is always here or a phone call away". People and their visitors also spoke highly of the registered manager. One relative commented, "The [registered] manager is very dedicated to the job, couldn't have helped more and spoke on my level. She has a good way with the residents, understands them and how they want to be helped. I have a quiet faith in the manager, and know she would expect the same level of work from the staff
- All the people we spoke with were positive about how Pendleton Court was managed. The registered manager was supported by an area manager who was also present during our inspection. The registered manager told us that she received good support from the provider, and valued the support and advice offered.
- The registered manager was equally positive about the staff. She told us, "The team here is really good", and that staff team worked well together and were mutually supportive. A visiting relative mirrored this view. They told us, "I have not been let down by any of the staff. I was worried; you hear so many rumours, but these people couldn't be faulted for their dedication and care. The care manager is dedicated and expects the same from all the staff. The staff are grafters but do the job properly."

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:

- Care was person centred; staff understood that Pendleton Court was where people lived and saw themselves as there to support people in their own home. One care assistant told us, "It's always up to the person, they are in charge, they say what they want and how they want it". They told us that working at Pendleton Court had enabled them to see the people as "our extended family. We are all very closely knit".
- Pendleton Court provided a friendly and open community People were happy and content and appeared at ease in their surroundings. The registered manager was dedicated to providing good, person-centred care and had engaged the staff in this vision. A visitor told us they felt their relative was very popular, but, "They have a lot to put up with!" They told us that their relative used the same name for each member of staff, but they always respond, and, "They are very patient. [My relative] told me, 'I'm glad I came here'. That gives me peace of mind; I know she's okay".
- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with

told us they believed the service provided high-quality person-centred care. One visitor commented, "It took a long time for [my relative] to accept that they needed care, but staff were good and patient. Now my relative feels at home and is at ease with themselves".

- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong. The provider had policies in place to guide staff if such incidents occurred.

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

- People told us that they were involved in discussions about their care and consulted when their care was reviewed. They said they were invited to resident meetings. Notices advertising meetings were displayed in lifts and on the main noticeboard. Relatives meetings were also held on a regular basis. When we asked, one visitor told us meetings were informative but that there were relatively few people attending. They said people were encouraged to express their views and that the service looked to implement new ideas from these meetings.
- People told us that they had been asked to complete surveys and questionnaires and we saw information from surveys was used to improve the quality of care and support.
- People and their relatives were encouraged to give feedback through an electronic 'Have your say' system where comments could be posted anonymously. This information was sent to the provider head office where trends and information was analysed, and a monthly report was fed back to the service.

- Staff told us that they were involved in discussions about issues in service provision during monthly team meetings. Minutes demonstrated that staff were encouraged to raise issues and take responsibility where mistakes had been made. Staff told us they found team meetings useful and felt supported to raise issues and suggest changes they felt needed to be made.

Continuous learning and improving care:

- There were effective system in place to monitor and improve the quality of the service. Each day senior staff met for a short 'flash meeting' to discuss any issues arising, and to coordinate any work required. This included a 'resident of the day: the person would have a full review of their care, dietary requirements, activities and stimulation and household staff would complete a full deep clean of the person's room.
- Regular audits and monthly analysis of risks were undertaken. Where any action was required this was followed up and an action plan implemented. We looked at the most recent quality audit from the area quality director; this identified issues around replacement flooring which had been actioned and the service was currently awaiting work to begin.
- Accident and incident reports were reviewed by the manager and area quality director any learning that could mitigate future risk was taken and used in the service.

Working in partnership with others:

- the service worked closely with the local Clinical Commissioning Group (CCG) and social workers to ensure people's holistic needs were considered and so that they could receive appropriate care and treatment.
- The service worked closely with other commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
- The registered manager attended local care provider forums to ensure that they maintained up to date knowledge and understanding of current best practice. The registered manager also attended monthly manager meetings arranged by the provider.
- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they

needed.