The Sandwell Community Caring Trust

Pedmore House

Inspection report

25 Corngreaves Road
Cradley Heath
West Midlands
B64 6BL

Tel: 01384567670
Website: www.sandwellcct.org.uk

Date of inspection visit:
06 March 2019

Date of publication:
11 April 2019

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:
Pedmore House is a residential care home that was providing personal care to 11 people with learning disabilities or a diagnosis of Dementia at the time of the inspection.

People's experience of using this service:
●People were supported by staff who knew how to report concerns of abuse and manage risks to keep people safe. Staff had been recruited safely and there were sufficient numbers of staff to support people. Medicines were managed in a safe way.

●People were supported by staff who had been trained. People's dietary needs were met and they had access to healthcare services where needed. People's rights had been upheld in line with the Mental Capacity Act.

●Staff were kind and caring to people. Staff respected people's dignity and supported people to be independent where able. People had access to advocacy services where required.

●People were supported by staff who knew them well. Activities were available that met people's individual interests. Complaints made were investigated and resolved.

●There were systems in place to monitor the quality of the service. People were given opportunity to feedback on their experience of the care. People spoke positively about the leadership at the service.

Rating at last inspection: Good (Report Published 03 December 2015)

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

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**

Pedmore 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.

Service and service type:
Pedmore 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:
We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This 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 two people living at the service and one relative. As some people were unable to share their

views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us. We also spoke with two members of care staff and the registered manager.

We looked at two people's care records as well as records relating to staff recruitment, complaints, accidents and incidents and quality assurance.

Good

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

- People told us they felt safe. One person said, "It's very nice. I like it here very much". Staff understood their responsibilities in reporting concerns of abuse and knew the actions they should take to keep people safe. One member of staff told us, "I would report it to [Registered manager] straightaway. She would then act on it".
- Although no safeguarding concerns had been raised at the service, the registered manager understood what action they should take if concerns were found and knew that they were required to notify the relevant authorities.

Assessing risk, safety monitoring and management

- Risks were managed well to ensure people's safety. Where risks were identified, there were assessments in place to ensure that the risk was reduced where possible. Staff knowledge of risks reflected the information held in the risk assessments.
- Where people were at risk of ill health due to conditions such Epilepsy, there were detailed assessments in place that ensured staff knew the signs to look out for when a seizure was taking place and the steps they should follow to keep the person safe during this time.
- Staff knew the actions they should take in the event of an emergency such as fire. This meant that people would be kept safe if such an emergency occurred.

Staffing and recruitment

- Staff had been recruited safely. Checks had been completed for new staff that included sourcing references from previous employers and completing a Disclosure and Barring Service (DBS) check. The DBS would show if a member of staff had a criminal conviction or had been barred from working with adults.
- People told us there were enough staff to meet their needs and that when they required support, staff would do this in a timely way. One person told us, "When I press my buzzer, sometimes I will have to wait if they [staff] are with another person but that is fair, and normally they come straightaway". The person explained that on occasions where they do have to wait, staff do inform them that they are with another person and will be with them shortly.
- We saw that there were enough staff to meet people's needs. Staff were visible in communal areas throughout the day and staffing levels were increased during the times of day where people required extra support or needed support to go out in the community.

Using medicines safely

- Medication was managed in a safe way. People were happy with the support they got with their medication. One person told us, "Yes, [staff] give me my medication on time".

● We observed the registered manager supporting people to take their medication. The registered manager informed the person that their medication was ready and stayed with them while they took this. This ensured that the person was safe while taking their medication.
● Records held indicated that medication had been given as prescribed. Medication Administration records showed that medications had been signed for when given and protocols were in place to ensure that 'as and when required' medications were given consistently.

Preventing and controlling infection
● There were effective infection control systems in place. The home was clean, tidy and odourless. Staff understood the importance of and were seen using Persona; Protective Equipment such as aprons when needed.

Learning lessons when things go wrong
● The registered manager was keen to ensure lessons were learnt when things go wrong. Accidents and incidents were recorded along with actions taken to reduce the risk to people in future.

Good

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

- People's needs had been assessed prior to them moving into the home. These assessments looked at people's care needs and medical history. The assessments also considered any protected characteristics under the Equality Act such as any Religious or sexuality needs.
- Records showed that these assessments remained under review and changes were made to people's care records as required.

Staff support: induction, training, skills and experience

- New staff in the service had received an induction that included completing training and shadowing a more experienced member of staff. Staff had also been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too.
- Staff received ongoing training to enable them to support people effectively. The training was refreshed when required. One member of staff told us, "I think because we do the job day in and day out, it becomes second nature but it is always good to have a refresher". The staff member showed us the list of training they were booked to attend in the coming weeks to update their knowledge.
- Staff felt able to request extra training and support if they required this. One member of staff said, "I could ask for extra training in my supervisions".

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

- People were happy with the food and drink available to them. One person told us, "The food is lovely". A relative we spoke with told us that their family member required their food pureed but had been impressed at how staff ensured that this still looked appetising and well presented.
- People told us they had choice about what they would like to eat and at what time. One person told us how they preferred their hot meal at lunchtime rather than teatime and this was being accommodated by the staff.
- Kitchen staff had systems in place to ensure they were aware of people's specific dietary needs and we saw that these needs had been met.

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

- The design and décor of the service met people's needs. The communal areas were spacious and there was adequate outside space for people to use if they wished. Signs around the home were displayed in accessible ways and included pictures and Makaton signs to support people to move around independently.

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

● People had access to healthcare services where required. Records showed that people had been supported to access their GP as well as other services such as Occupational therapists, behavioural support teams and dieticians.
● Health promotion was also supported. We saw that in addition to meeting people's immediate healthcare needs, the registered manager had supported people to attend annual health checks with their GP and receive their flu jab.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff understood the principles of MCA and could explain how they sought consent from people before providing them with support; particularly for people who were unable to verbally provide consent. One member of staff told us, "For people who can't verbally tell us, we will use body language and eye contact to gain consent".
● DoLS applications had been made appropriately and in line with the MCA. Conditions placed on DoLS authorisations had been actioned by the provider. Staff understood who had a DoLS authorisation in place and how this would impact on the support they gave.

Good

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

- People told us that staff were kind and caring to them. One person said, "They [staff] are all friendly. I like everyone". A relative added, "They [staff] are so supportive of both me and [person's name]. It was difficult [making the decision to move here] but the staff were amazing".
- Staff spoke compassionately about the people they supported and had taken time to build friendly relationships with people. Where staff spent time with people, we saw people respond positively to this and could be seen laughing and holding on to the staff member for comfort. Staff were tactile with people where required and we saw that this made people feel comfortable and visibly relaxed.
- Staff had been proactive in ensuring people felt supported and 'at home' within the service. One person had a pet tortoise within their room. The pet meant a lot to the person and they explained how they were no longer able to look after this and thought they may have to be given away when moving into the home, but staff took over the care of the tortoise so that the person was able to stay living with their beloved pet within the home.

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

- People told us they were supported to be involved in their care and were given choices. One person said, "Yes, they [staff] give me choices". The person explained how they were involved in planning the food shopping. They told us they had been asked about what food they would like so they made recommendations and this was then purchased by the staff.
- We saw people being given choices. For example, people were given a choice of where they would like to spend their time, what time they would like to get up and what drinks they would like. Where people had specific communication needs, these were met and enabled people to continue to be involved in decisions. Care records clearly indicated how people chose to communicate and what their non-verbal cues meant. This enabled staff to communicate with people effectively and give them choice.
- Relatives we spoke with told us they were supported to be involved in their loved one's care. A relative said, "Whenever [person's name] is unwell, they will call me. They will stay with her if she goes to hospital until I get there".

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. Staff gave examples of how they encouraged dignity that included closing curtains and ensuring people are covered up during personal care and promoting choice.
- People had been supported to maintain their independence. We saw that people had access to adapted cutlery to support them to eat independently. Other people were encouraged and supported to mobilise

around the home independently.
● Where required, people had been supported to access advocacy services.

Good

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 told us that staff knew them well. One person told us, "Yes, I think they [staff] do know what I like and what I don't like". Both staff and the registered manager demonstrated that they knew people very well. Staff knew about people's interests, past lives and families and used this knowledge to encourage conversation with people and build relationships.

● Records showed that people had been asked about their likes, dislikes and preferences with regards to their care. For example, records clearly recorded people's preferred bedtimes, favourite foods and whether they had any preference with regards to the gender of the care staff supporting them. People's religious and cultural needs had been recorded and a relative confirmed that staff supported people to practice their faith. The relative told us, "They [staff] sit and read the bible with [person]".

● People told us they were able to access activities that met their individual interests. We saw that people were supported to access day centres to meet with other people. Other people told us how they were also supported to go out when they wished. One person told us that when a new baby had been born in their family, staff took them out to purchase a gift for the new arrival and helped them to wrap this. Another person told us they had recently been to the cinema to see a film.

●Within the home we saw that people were supported to take part in activities that interested them. Each person had their own individual activity board in their room to help them plan what they wanted to do each week. We saw people being supported to do their nails and use sensory equipment.

Improving care quality in response to complaints or concerns

● People knew how to complain but told us they had not needed to do so. We looked at complaints made and saw that these were investigated and resolved. We saw that the provider was involved in investigating complaints and had met with complainants where possible to discuss the issue and agree a solution.

End of life care and support

● Although no one at the service required end of life support, people had been asked about any wishes they had about their end of life. Care records clearly recorded if people had any specific wishes such as who should be contacted and where possible, the funeral arrangements for people were identified and recorded.

Good

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.

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

● People spoke highly of the registered manager and felt the service was well led. One person told us, "[Registered manager's name] is nice. They are all nice". A relative added, "It's absolutely brilliant. I feel very lucky that we were able to get [person's name] here". We saw that the registered manager had a visible presence around the home, supported people with their care where needed and had developed friendly relationships with people. People were visibly comfortable and happy in the registered manager's company.

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

● There were systems in place to monitor the quality of the service. This included monthly audits of the environment, medication and care files. Where areas for improvement had been identified through the audits, action had been taken. For example, in one audit it was identified that a specific health issue had not been recorded in a person's care record. As a result, action was taken to update the care record to include all relevant information.

● Staff understood the management structure within the service and had been informed of how they could whistle blow if required. One member of staff told us, "I would go to my manager and tell them if I had concerns. If it wasn't dealt with, I would go higher [to more senior managers]".

● The registered manager understood the regulatory requirements of their role and had submitted notifications to CQC where required by law.

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

● People had been given opportunity to feedback on the quality of the service through service user questionnaires. The last questionnaires were sent in 2018 and we saw that the responses to these were mostly positive. Where recommendations had been made in relation to activities, the registered manager had acted upon these.

● People and their relatives told us they were also able to feedback about the service as and when required. One relative said, "They do ask me for feedback. When I visit, they ask if everything is ok".

Continuous learning and improving care / Working in partnership with others

● The registered manager was committed to their learning and improving care where possible.

For example, the service had been supported by a right's based organisation called 'Changing our Lives' who visited and made recommendations to the registered manager on how improvements could be made. The registered manager had then acted on these.

- The registered manager had also taken on board comments made by relatives and people in relation to activities and had set an action to increase the activities available for people. The registered manager said, "I would like to ensure even more activities. People's deteriorating health means we do not go out as much as we used too so I will be working on more indoor activities". This demonstrated that the registered manager was using the feedback given to improve on the care provided.