

Mr Olu Femiola

# Pentrich Residential 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

This inspection took place on 20 February 2018 and was unannounced. At our last inspection of the service on 23 November 2016 the registered provider was rated as 'requires improvement', but was compliant with regulations. There were recommendations in the last report that were followed up during this inspection.

Pentrich Residential Home is a care home. 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 during this inspection. This service provides accommodation and support to a maximum of thirteen people over the age of eighteen who have a mental health condition. The service is situated in a residential area of the coastal town of Bridlington in East Yorkshire and has three floors. The property does not have a passenger lift so is only suitable for people who are able to use the stairs. At the time of our inspection there were eight people using the service.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were recruited safely and at this inspection there were sufficient staff on duty to meet people's needs. Staff had received training which allowed them to meet people's needs and received support through supervision from the registered manager.

Staff had received safeguarding adult training and were aware of types of abuse. Alerts to the local authority safeguarding team were made as appropriate. People told us they felt safe at the service.

Accidents and Incidents were recorded and analysed by the manager and action taken where any health and safety issues were identified following an accident.

Medicines were managed safely.

The service was clean and tidy and people had personalised bedrooms. The environment had not been specifically adapted for one person with dementia but they had lived at the service so long they were familiar with their surroundings and so this had no impact.

People told us that staff were kind and caring. They had time to get to know people and treated them with respect. They worked within the principles of the Mental Capacity Act.

Care plans were detailed and person centred. They were reviewed regularly and checked by the registered manager and regional manager.

Social isolation was minimised because staff encouraged people to access the local community either by themselves or with support.

The registered manager was well supported. They followed a clear quality assurance process and further checks were carried out during visits by the provider and regional manager. This ensured the quality of the service.

Feedback was received from people who used services, relatives, [professionals and staff and used to make any improvements using the 'You said/we did' system.

## 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.

Staff recruitment was robust. There was sufficient staff on duty to meet people's needs.

Risks to people's health and safety had been considered and recorded.

Safeguarding policies and procedures were in place and all staff had received appropriate training.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge required to understand and support people's needs.

Staff worked within the principles of the Mental Capacity Act 2005.

People's nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and positive relationships had been developed.

People's diverse needs were recognised and their needs and wishes taken into account when their care was being planned.

Staff had the time to read care plans and get to know people. Staff treated people with respect.

### Is the service responsive?

Good ●

The service is responsive.

Care plans were detailed and person centred.

Activities reflected people's preferences and staff encouraged people to be as independent as possible when accessing the community.

Complaints and compliments were recorded and acted upon in line with the company policy.

### **Is the service well-led?**

The service was well led. There was a registered manager employed who was well supported by the provider and a regional manager.

There was an effective quality assurance system in place which ensured continuous improvements at the service.

People who used the service, professionals, visitors and staff were all asked for their feedback about the service.

There was clear evidence of partnership working and links with the local community.

**Good** ●

# Pentrich Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 February 2018 and was unannounced. Two inspectors and an expert by experience carried out the inspection. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience supporting this inspection had experience of health and social care services.

Prior to the inspection we reviewed all the information we held about this service including notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. The provider submitted a Provider Information return (PIR). 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 used all the information we held to assist in planning the inspection.

During the inspection we spoke with five out of eight people who used the service, the registered manager, one care worker and a domestic staff. Following the inspection we requested feedback from East Riding of Yorkshire safeguarding and quality monitoring teams.

We observed the lunch time meal and activities throughout the day. We walked around the building looking in bedrooms, bathrooms and communal areas. We reviewed medicines management, the care records for two people who used the service, recruitment, induction, training and supervision records for three staff and other records relating to the management of the service. These included meeting minutes, surveys, quality monitoring system and servicing and maintenance documents.

## Is the service safe?

### Our findings

People who used the service said they felt safe and had confidence in the registered manager. One person told us, "I feel safe here." We saw that the main door was locked so that people had to use the doorbell to enter and that people could lock their bedroom doors if they wished. One person told us their call bell never rang for long although they did not need to use it often. No call bells sounded during the inspection.

The registered provider had policies and procedures in place for staff to follow when safeguarding people. All staff had completed training in safeguarding adults and were able to tell us how they would respond to any abuse. The registered manager was aware of local procedures and escalated concerns where appropriate. We had been notified of one safeguarding incident in the last 12 months. This had been reported to the police and East Riding of Yorkshire safeguarding team who had given advice but taken no action. This demonstrated that the service took safeguarding incidents seriously.

On the day of our inspection we found there were eight people using the service. They all had mental health conditions, some of which affected people's behaviour. In addition people had physical health conditions.

There was sufficient staff on duty to meet people's needs; a registered manager, a care worker, a domestic staff and a cook. The registered manager worked told us they worked three or four days caring for people and one or two days carrying out their management role. They also had a senior staff for support who was allocated one administration day.

At the last inspection staff had raised concerns about low staffing but with the current numbers of people using the service this was not an issue. The numbers may need to be reviewed when the number of people who use the service increase. The service remained calm during the day of the inspection and staff responded to people in a timely manner.

All areas we looked at were clean, tidy and free from malodours apart from one person's bedroom which was cluttered and looked dirty. We asked the registered manager about this and they told us that this person had specific problems which meant that although staff tried each day to keep the room tidy the person refused to let them enter. They had sought help from professionals and this person was due to be transferred to another service because the service could no longer meet their needs. Cleaning schedules were in place, which were signed by the relevant staff.

There were risk assessments in the care files we looked at. These detailed the conditions and /or types of behaviour exhibited by individuals and what impact this had on them and others around them and the associated risks. For example, one person displayed unsafe behaviours by insisting on smoking in their bedroom despite this being a no smoking service. This put others at risk and so the registered manager had liaised with the local fire service to seek advice on how to maintain people's safety. This had led to fire retardant bedding being supplied and regular checks of the person's room by staff until the person moved to another service. Their behaviour was managed in conjunction with the community mental health team who supported staff.

Another person smoked but also used oxygen. They had agreed to have their cigarettes and lighter kept in the staff area and they had been advised by the oxygen therapy nurse to turn off the oxygen half an hour before going outside for a cigarette which staff monitored. Oxygen warning signs were in place where oxygen was in use. The provider had built a shelter outside for people who smoked.

There was a fire risk assessment and emergency plan. Each person had a personal emergency evacuation plan (PEEP) in their file which highlighted specific issues that may affect their safety during evacuation. For example, the PEEP's highlighted the use of oxygen and there were clear instructions for staff to change to a transportable oxygen cylinder so that the person's treatment continued once they were away from any danger.

Monthly fire drills were carried out and where problems were identified action was taken. People who used the service took part in the drills. On one occasion two people had not responded to the fire alarm and so the registered manager had encouraged all staff to be involved in explaining the procedure to them and making sure they knew where they should go to exit the building safely. This increased the likelihood of people leaving the building safely and remaining safe.

There were also risk assessments in place which included the risk of falls, smoking, self-medication and use of a wheelchair. Risk assessments had clear risk management plans for staff to follow where necessary. These were updated regularly to ensure staff remained up to date helping to keep people safe.

Accidents and Incidents were recorded and monitored on a weekly basis by the registered manager and provider. Any health and safety risks were identified and action taken to make improvements.

We looked at documents relating to the servicing of equipment used in the home. Service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required.

Following the inspection the registered manager sent us a copy of the business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis. This gave staff the necessary information they needed to access support and keep people safe.

We looked at recruitment files for three members of staff. Robust procedures had been followed which included seeking references and carrying out checks with the disclosure and barring service (DBS). The DBS helps employers make safe recruitment decisions by providing background checks.

Medicines were managed safely. We checked medicine administration records and found these were completed correctly. Medicines were received, stored and administered safely. Audits of medicines had been completed weekly and boxed medicines were checked daily and stock checked. Any areas for improvements were identified. Staff who administered medicines had been trained and had their competency checked by the registered manager. Room and fridge temperatures where medicines were stored were checked twice daily by staff to ensure medicines were maintained at a safe temperature. Protocols were in place for 'when required' medicines to ensure staff knew why and when to give them. This ensured that people only received these medicines at the times they were needed and that staff followed safety guidance relating to the medicine keeping people safe.



## Is the service effective?

### Our findings

People told us they thought that staff were well trained to meet their needs. One person said, "Yes, definitely, they are all very good" and another told us, "Yes, I need their help to look after myself."

Staff received appropriate training and support. We looked at induction and training records for three members of staff to check whether they had undertaken training relevant to people's needs and we saw they had. The registered manager showed us the induction paperwork completed for staff in their first three months of employment. They also provided a training matrix showing that staff training had been maintained and was up to date. One care worker told us, "My induction was excellent." We saw training certificates in people's files which corresponded with the information on the training matrix.

At the last inspection we made a recommendation for staff to receive more mental health training. We saw that all staff had completed further training in mental health awareness and challenging behaviour in the last twelve months. This ensured that staff had a better understanding of people's mental health conditions and could provide more appropriate support.

Staff were provided with support through supervision every two months. The registered manager was supervised by the regional manager. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. One care worker told us they had also received group supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that they were. People who we spoke with told us that staff only carried out tasks or provided assistance with personal care with their permission. All staff had received training. One person had an authorisation for DoLS. A deputy had been appointed by the Court of Protection to manage their property and affairs.

People's health was monitored. People told us how they could access outside professional help if they needed to. One person said, "[Name of registered manager] arranges for me to go to see my doctor if I need to." Another person told us that staff would take them to see their GP if necessary. We saw from care records that people had accessed their GP, specialist nurses, social workers, opticians, podiatrists and dentists. The input from professionals had been used to develop people's care plans in some cases.

People's nutritional needs had been met. We observed lunch being served in the dining room. Prior to lunch

being served people were offered a hand wash. Tables were laid with tablecloths, napkins and cutlery. People were given a choice of hot or cold drinks to accompany their meal. Drinks were available throughout the day. A lot of people had tea in their own mugs. There was a hot meal available but some people had chosen to have a sandwich or pate and toast. Portion sizes were good and the food looked hot and appetising. There was a choice of dessert offered.

We saw in people's care plans that their likes and dislikes had been recorded. Where required food and fluid intake was recorded and these records were up to date. People had their nutritional needs assessed and any risks were identified. Where they were at risk of weight loss they were weighed regularly and their weight recorded and if necessary advice taken from healthcare professionals. Any food allergies had been noted.

One person told us, "We had liver and onions yesterday. I really enjoyed it" and another said, "The food here is very good." A third person said, "I choose what I want to eat."

The premises were suitable for the people living at the service. There was no lift to upper floors but if people were unable to access those floors there were some rooms on the ground floor. Menu and activity boards were displayed with words and pictures to assist those people with any communication needs. People's bedrooms were personalised. There was one person living at the service with a dementia type condition. The premises had not been adapted in line with dementia best practice but this had little or no impact on the person as they were so familiar with their surroundings. An outside space had been made available for those people who wished to smoke. Other people could access the outside area but most chose to access their local community if they went out either alone or supported by staff. One person told us, "I go out for a coffee sometimes."

## Is the service caring?

### Our findings

People told us that they thought staff were kind and caring. One person said, "Staff are very kind to me" and another said, "I like the staff here." We observed positive interactions between people and staff throughout the inspection. A care worker told us, "I treat people as I would like to be treated."

Staff treated people with respect. One person told us, "They [Staff] are very respectful when they help me wash" and another said, "Staff help me sometimes. They let me dress on my own."

People were encouraged to be as independent as possible. One person said, "I go to work and often go for a bike ride. I take myself for a day out. I have my own flat [room] and so don't really see staff. I get up and make myself a drink and return to my room." Another person told us, "I chose what colour I wanted for my bedroom."

Care was person-centred and focused on making sure that people were involved in making decisions about their care to make sure they maintained independence. For example, one person had discussed their needs and agreed a plan to manage those needs with staff. People told us they had copies of their care plan and had been involved in discussions about their care.

People made their own decisions about the things they wished to do each day. They told us, "I get up when I want"; "I choose what I want to do" ; "I choose what I eat" and, "I come and go as I want." This demonstrated people were choosing how they spent their days which supported their well-being. Where people required support this was provided by staff.

Care plans identified people's key workers and people were aware of who they were. We saw that people knew all staff really well and that they had a good relationship with them. We saw that each time staff came on duty or left for the day they went to see people making comments such as, "See you tomorrow" and, "I am here until nine tomorrow." We saw that people were very relaxed in the presence of staff.

People were able to keep small pets in the service. For example, one person had a budgie. We saw they cleaned and fed the bird themselves. The same person also went out to work which gave them a sense of purpose.

Staff showed a good understanding of people's individual likes and dislikes and said they were given time to read care plans to get to know about people. One care worker said, "The care plan has helped me get to know about people." We observed that staff knew people well and had built up good relationships.

Staff understood about the importance of confidentiality. Records were stored safely in line with data protection principles.

Care plans contained diversity information such as gender, race, religion and nationality. Staff supported people to maintain relationships with family, friends and other people in the community. One person's care

plan described their best day. It said, "I like it when my boyfriend visits."

The service ensured that people were supported to meet their spiritual needs. One person attended a Kingdom Hall and another enjoyed visiting the Salvation Army Citadel. Because of one person's beliefs they chose not to take part in some activities and staff made sure they respected their wishes.

## Is the service responsive?

### Our findings

People told us they knew they had a care plan and had been involved in developing the plan. Care plans had been written for each person and showed how their needs were to be met. Risk assessments were developed alongside the care plans to make sure people's safety was maintained. In addition where people had conditions that required specific care there were management plans in place. For example, one person used oxygen as part of their treatment and guidance was given about how that should be used.

The care plans showed a history of the person which helped staff understand them and what was important to them. There were up to date details of people's needs. There was information about their next of kin and other contacts, any allergies and other important information to assist staff in keeping people safe.

Care plans were reviewed regularly and any updates made to care plans with input from people and their families. The care plans were clear and easy to read. Staff completed daily notes which gave a picture of how people's care was delivered day to day, any issues that had arisen and actions taken.

Care plans contained information about what was important to each person and we saw people had completed a document titled 'My best day/My worst day and How I will get the support I need'. This gave information about what people liked to do and how staff could support that. For example, one person said, "The time I get up depends on the sort of night I've had" and 'My worst day' would be, "When I can't breathe." People had signed their care plans where possible. The care plans put people at the heart of their care making them person centred.

People's social needs and access to the community were planned with them. People carried out activities of their choosing in the community as well as joining in the arranged activities at the service. One person had a job and others enjoyed going shopping and going for coffee. The service arranged days out and a programme of activities were on offer. For example, one person had recently had a birthday and the staff had organised a trip to a local attraction for them and two other people. One person told us they were going to a jumble sale the next day which they really enjoyed. People talked about trips and holidays they had been on displaying their pleasure and enjoyment of these events.

On the day we inspected three people chose to join in for a game of bingo. They received prizes if they won and they all had a discussion and decided new prizes were needed. One person told us they would not join in because of their religious beliefs. One person told us they visited Scarborough and Beverley independently.

Where people required support staff made sure they were taken shopping and to other events. People's friends visited them at the service.

There were photographs of trips out and activities on the walls. The service did not have its own transport for people so they used the local taxi service. There was a list of activities displayed in a dedicated activities room. We saw one person had been given a newspaper and they sat and cut pieces out. This was an activity

they enjoyed every day and staff made sure they could do so.

Complaints and compliments were recorded. There was a complaints procedure displayed in the entrance hall, which gave people using the service access to the information. Complaints were dealt with in line with the policy and actions recorded. There had also been written compliments about the service such as, "The care of my relative has been outstanding" and, "Staff are polite and courteous even when really busy."

## Is the service well-led?

### Our findings

We observed that the registered manager had a good awareness of the needs of people who used the service. They were open and transparent when answering all of our questions during the inspection. They were able to show us where the service had improved and told us about how the service would improve going forward. The registered manager had sent statutory notifications to CQC meeting the legal requirement to notify us of certain events.

The registered manager was highly respected by people who used the service and staff because of their approach and attitude. One member of staff who used the service told us, "The manager is open and approachable. They are brilliant." Staff described the service as, "A marvellous place to work and are flexible with the hours. There is a lovely atmosphere."

The registered manager was supported by the provider and regional manager who visited monthly. The last regional manager visit was made on 15 February 2018 and they had carried out quality monitoring checks. Actions required had been identified. The provider also carried out quality monitoring visits. This ensured that the service continued to meet the required standards.

There was a quality assurance policy which had been reviewed within the last twelve months. The registered manager identified certain quality indicators on a weekly basis and this information was shared with the provider. The indicators were areas such as admissions to the service, complaints, accidents and incidents, notifications to CQC, staff absence, and any DOLs.

The registered manager completed daily and weekly checks which covered all areas of the service. This ensured that the quality of the service was maintained and where appropriate action was taken to improve areas of concern and achieve good outcomes for people.

Meetings were held regularly with people who used the service and staff. We saw the minutes for the last staff meeting on 9 January 2018 and residents meeting on 12 February 2018. At the staff meeting, staff had discussed the number of male staff working at night and had decided to consult residents about their views to ensure they had the choice of gender specific staff. At the residents meeting, we saw that one person had requested a specific to be added to the menu. This had been done. The service demonstrated how they had responded to people's comments and requests using a 'What you said /What we did' report format.

Feedback was gathered from people who used the service, relatives and staff through surveys and meetings. We saw that visitors, professionals, people who used the service and staff had all completed surveys and had given positive feedback.

There were clear community links in this service. People accessed the local community daily using shops, religious establishments and other local amenities. The service worked in partnership with other professionals to achieve positive outcomes for people.