

Seacole's Limited

Pelham House

Inspection report

5-6 Pelham Gardens
Folkestone
Kent
CT20 2LF

Tel: 01303252145

Date of inspection visit:
25 January 2022

Date of publication:
18 March 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pelham House is a residential care home providing personal care to up to 22 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 14 people using the service.

People's experience of using this service and what we found

Pelham House was cold. During the inspection people told us they were cold and that this was not uncommon. Staff confirmed there were times when the service was cold.

There was CCTV in communal areas of the service. There was only one sign to tell people this was in place and that was in the window at the entrance. People and relatives had not been informed of the use of CCTV. No information about CCTV had been provided to people in a way they could understand.

People told us they felt safe living at Pelham House and that the staff were kind and caring. People's health care needs had been assessed with people and their relatives and measures were in place to keep people safe. Staff followed guidance in care plans and risk assessments to provide people with the support they needed.

The service was clean. Staff wore personal protective equipment, such as gloves and face masks, in line with guidance. People and staff were regularly tested for Covid-19 to help keep them safe. People were supported to have their medicines on time and as prescribed.

People were supported by staff who had been recruited safely and in line with guidance. There were enough staff on each shift to meet people's needs. Staff were not rushed and had time to spend with people.

The manager promoted an open and inclusive culture. They were supported by a deputy manager and worked as a cohesive team. Staff told us the morale and teamwork had improved and they felt listened to and valued. The manager had implemented new care plans, risk assessments and checks on the quality of the service and the oversight of the service had improved. These improvements need to be embedded into day to day staff practice.

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

Rating at last inspection and update

The rating at the inspection on 4 August 2021 was Inadequate (published 9 September 2021). There were breaches of regulation and the service was placed into Special Measures. The rating at the inspection on 19 August 2021 was not rated as we only looked at parts of the key questions we had concerns about.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

This service has been in Special Measures since 9 September 2021. At this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, we identified a new breach of regulation.

Why we inspected

We carried out an unannounced inspection of this service on 4 August 2021 and an unannounced inspection on 19 August 2021. Breaches of legal requirements were found. Following the inspection, we met with the provider. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, fit and proper persons employed, and good governance.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the previous to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring and Well-Led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelham House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to Good Governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pelham 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Pelham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people living at the service. We spoke with the manager, deputy manager, four staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We spoke with one person's relative about the care and support their loved one received. We continued to seek clarification to validate evidence found. We reviewed training data, quality assurance records and records relating to CCTV.

Is the service safe?

Our findings

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

At the inspection on 4 August 2021 this key question was rated inadequate. At the inspection on 19 August 2021 this key question was not rated as we only looked at part of the key question we had concerns about.

At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At the inspection on 19 August 2021 care and treatment was not provided in a safe way and medicines were not managed safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12. These improvements need to be embedded into day to day staff practice.

- Since the last inspection risks to each person had been assessed. Risks to people's health, safety and welfare were assessed, managed and reviewed. Each person had individual risk assessments which provided staff with guidance about how to reduce risks to people. Staff said, "The paperwork has changed dramatically for the better. We now have charts in place for people's fluids, their topical creams and, when needed, turn charts. It really is so much better".
- When a person was at risk of choking, there was clear guidance about how best to support the person. For example, if there were any recommendations from a speech and language therapist about the texture of foods provided. There was guidance for staff to make sure people sat upright when eating and drinking and there was information about what to do should a person begin to choke.
- Some people were at risk of becoming anxious, and of displaying a behaviour which may put them at risk. There was guidance for staff about how a person may present when they were getting anxious, for example, rubbing their hands together. There was information, which staff followed, about how to support the person, such as making sure they were not alone for long periods or listening to music with the person. During the inspection we observed staff supporting and reassuring a person and they became visibly more relaxed in their company.
- At the last two inspections the risk assessments around catheter care were incomplete and not accurate. At this inspection, no-one was using a catheter, however staff had completed catheter care training.
- People were supported with their medicines by skilled, knowledgeable and competent staff. Since the last inspection, staff had completed medicines management training and their competency had been assessed. One person said, "The staff do all my tablets for me and I get them like clockwork. I would get muddled if I did them myself."
- Some people received medicines on an 'as and when' basis, such as pain relief. There were protocols in

place about when to give the medicine, how often and what to do if it was not effective.

- Previously, records of medicines records had not been completed accurately. Medicines records were now accurate and reflected the medicines given. The manager and deputy manager completed daily checks to make sure people received their medicines safely.
- Some medicines have specific storage and administration requirements. Staff monitored the temperature in the medicines room and in the medicines' fridge to make sure the medicines were stored at the correct temperature to remain effective. We identified three gaps in dates of checks of fridge temperatures in January 2022. This was an area for improvement. A revised protocol for this to be double checked was introduced during the inspection.

Staffing and recruitment

At the inspection on 19 August 2021 the provider failed to deploy sufficient numbers of suitably qualified, skilled and experienced staff. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 18.

- People were supported by enough skilled, experienced and knowledgeable staff. The manager assessed people's needs, and used a dependency tool, to make sure there were sufficient staff on duty. Staff rotas took into account the skills mix and competence of the staff team.
- People told us, "I do think there are enough staff because whenever I need help it's there. I don't have to wait. The staff here are all wonderful to me" and, "I like the staff a lot because they're always there to help me if I need it. Nothing is too much trouble for them."
- When people were cared for in bed due to ill health, staff regularly spent time with them. A relative whose loved one had sadly recently passed away contacted the Care Quality Commission and noted, 'I was able to be with [my loved one] at the end and every effort had been made to keep her comfortable and pain-free and she was surrounded by genuinely caring staff when I arrived.'
- The manager arranged for agency staff to cover shifts if needed. There was a consistent staff team who knew people well.

At the inspection on 4 August 2021 the provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 19.

- People were supported by staff who had been safely recruited. Following the inspection, the manager completed a full audit of staff recruitment files. Shortfalls identified had been addressed and the files updated.
- We reviewed three staff recruitment files. Staff had been recruited in line with Schedule 3 of the Health and Social Care Act. Gaps in employment had been explored and references including from the most recent employer had been obtained.
- Criminal record checks with the Disclosure and Barring Service (DBS) had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At the inspection on 19 August 2021 the provider failed to establish and operate systems and processes to prevent the abuse of service users. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 13.

- People were protected from the risks of abuse and discrimination. People told us they felt safe living at the service. One person commented, "I feel completely safe with the girls who are very kind to me and do things for me. I can't say a bad word about any of them. Really I can't".
- Staff completed training about how to keep people safe. Staff were able to recognise potential signs of abuse and knew how to report any concerns. Staff felt confident the manager would take the appropriate action should they need to report a concern.
- The manager understood their responsibilities to report any concerns to the local authority safeguarding team. They had worked with the local authority and taken appropriate action to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were able to see their loved ones. A dedicated visiting pod was also available in the grounds of the service.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the manager.
- There was a system in place to monitor incidents and to check for any patterns. The manager reviewed people's care plans and risk assessments to make sure staff had up to date information when changes in people's support were needed.

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.

At our inspection on 4 August 2021 we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Pelham House was cold. People told us they were cold during the inspection. One person told us they felt cold during the day and often wore a shawl. Another person said, "I don't like it so cold in the lounge and wear my coat on some days".
- During the inspection one of the boilers was found not to be working. The manager arranged for additional heaters to be placed in people's rooms. The manager confirmed the boiler was fixed the day after the inspection. Additional daily temperature checks were introduced to make sure any future drops in temperature would be identified and acted on quickly.
- People said they were supported by staff who were kind and caring. People told us, "We have a good old chat with the staff in the afternoon when they're less busy and they're more like friends than staff" and, "The staff here are all wonderful to me. They soon see if someone is under the weather and ask if they can help."
- A relative told us, '[My loved one] was treated gently with compassion, empathy and good humour, which she greatly appreciated.'
- Staff knew people, their backgrounds and their preferred routines well. The manager and staff spoke fondly of people.

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

- People and their relatives were involved in the planning of their care and support. People's health care professionals were involved in reviewing people's care. A relative said, 'The care that she was shown over the last few months was generally good and her end-of-life care was exemplary.'
- The manager and staff knew people well and understood when people may need some additional support to make decisions about their care. They made sure people had access to the information they needed, for example, information about local advocacy services or additional support from health care professionals. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.
- Although people were involved in decisions about their care, the provider had not ensured people were consulted about being recorded by CCTV cameras in communal areas. We have addressed this in the Well Led section of this report.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted. People were supported to make as many decisions for themselves as possible. Staff encouraged people to stay as independent as they could be. For example, some people helped with washing up in the kitchen whilst

others helped to fold laundry.

- The manager told us they felt it very important to gently encourage people and make sure the right health care professionals were involved. They said some people had really improved following this. For example, a person who had been in bed all the time and was only eating pureed food, was now getting up each day and eating normal meals of a soft texture. The manager and staff had been working closely with an occupational therapist to provide the right support.

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.

At the inspection on 4 August 2021 this key question was rated inadequate. At the inspection on 19 August 2021 this key question was not rated as we only looked at part of the key question we had concerns about.

At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection on 19 August 2021 the provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, some improvements had been made. However, the provider remained in breach of Regulation 17.

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

- Pelham House was cold. Risk to people's welfare had not been consistently considered. People living at Pelham House told us they were cold and that this was not uncommon. Staff confirmed there were times when the service was cold.
- One person commented, "This place is often quite cold, and I don't think they have the heating on as much as they should." A member of staff said the heating was "Dreadful."

The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People had not been informed of the use of CCTV in communal areas when they began using the service. There was one sign to alert people to the CCTV, in the window at the entrance. There were no signs in the service to prompt people, relatives or visiting professionals of the use of CCTV. The use of CCTV had been registered with the Information Commissioner's Office. A policy regarding the management of CCTV was on the provider's website. However, this information had not been provided to people in a format they could understand. Inspectors asked the nominated individual to provide a copy of their Data Protection Impact Assessment to check the purpose, necessity and assessment of risks associated with the use of CCTV. This was not provided. We recommend the provider seeks guidance from a reputable source regarding the use of CCTV. The manager agreed people and their relatives should have been informed and said that, following

the inspection, they would discuss this with people and their loved ones.

- People and their relatives were involved in the planning and reviewing of their care and support.
- Regular surveys for people and staff were completed. This enabled the manager to monitor satisfaction about the service and to implement changes if needed.
- Regular resident's meetings were an opportunity for people to discuss the any ideas or concerns. Staff met with the management team regularly and felt they were listened to.

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a manager at the service. They were in the process of applying to register with the Care Quality Commission (CQC).
- Since the last inspection, leadership, oversight and scrutiny of the service had improved. Action had been taken to address the shortfalls identified at the last two inspection and to drive improvements in the quality and safety of people's care. However, the provider was unable to demonstrate these had been embedded into day to day staff practice.
- The manager and deputy manager had worked as a cohesive team to improve the quality of care and support people received and to provide consistent support to staff. They worked closely with health care professionals and followed the advice and guidance given. Feedback CQC received from health care professionals was positive and comments were received about the manager and deputy manager engaging with them and a noted improvement in the quality and consistency of records.
- The manager said, "I feel so grateful to staff at the local authority and the primary care network. They have been an amazing support. Having worked with them [since the last inspection] I know we are providing holistic care, and this is reflected in our records".
- New regular checks on the quality and safety of the service had been introduced and were being completed consistently. When shortfalls were identified, action was taken to address them. People's care plans and risk assessments were regularly reviewed, and where needed updated to reflect people's needs.
- The management team understood their responsibilities in relation to duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment. They understood when to inform CQC and local authority of important events. Notifications had been submitted in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the previous inspections the culture was not open and inclusive. At this inspection, the culture was inclusive. The manager and deputy manager worked cohesively with the staff team, empowering them and ensuring they always had a point of contact for advice and guidance.
- Staff told us the morale, culture and atmosphere in the service had changed since there had been a change of management. They said, "[The manager] is there for us. They have done wonders for the home" and, "I feel I can actually go to the manager now. We all work together. There is clear teamwork now."
- The manager worked occasional night shifts to make sure there was a whole team approach to the care delivered. Staff told us they felt well supported. One staff said, "The changes have been big, and they have made a big difference to the care people get". The deputy manager said, "We have made the changes needed and now it is about embedding them and making sure they are sustained".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>