

Pembroke Care (Reading) Limited

Pembroke Apartments

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Pembroke Apartments is a domiciliary care agency. It provides personal care and support to people living in their own homes or assisted living houses and flats. At the time of the inspection nine people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported with the administration of their medicines in a safe way. Medicine administration records were reviewed to ensure these were completed accurately. We have made a recommendation that the provider ensures appropriate guidance is in place for staff for people who receive 'as required' medicine.

There were systems in place to ensure people receive appropriate end of life care should this be required. There was no one receiving end of life care at the time of inspection. However, people's end of life preferences had not always been recorded. We have made a recommendation that the provider ensures they appropriately explore, and record people's end of life needs and preferences.

There were systems in place to monitor the quality of the service and make improvements when needed. However, the registered provider did not use these effectively. Care plan audits had not been undertaken regularly and systems in place to record actions taken to improve the quality and safety of the service were not always effective. We have made a recommendation that the provider implements an effective auditing system which identifies areas for improvement and that records reflect this.

People were supported by staff who were kind and caring. Staff were dedicated to ensuring people experienced the best possible care and support. People's equality and diversity needs, and preferences were respected.

People had care assessments that identified their needs. Risks associated with people's health and wellbeing needs were identified and managed to mitigate risks found. People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Robust recruitment procedures helped to protect people against the risk of being supported by unsuitable staff.

People and their relatives were happy with the support offered and felt very comfortable with all staff who were flexible, understanding and sensitive to people's needs. Staff clearly knew people well. Privacy and dignity were promoted and respected.

Staff received training, supervision and appraisal which supported them to have the knowledge and skills to

do their job well and effectively meet people's needs. Staff supported people to have enough to eat and drink and to access healthcare services when they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were satisfied with the management of the service. People understood how to make a complaint about the service if they were unhappy with aspects of their care.

People who use the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

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

Rating at last inspection

The last rating for this service was Good (published 10 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pembroke Apartments

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. However, the registered manager was not present at the time of the inspection. The rest of the management team supported us during the inspection.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to two people who use the service. We spoke with the two deputy managers and the care manager. We also spoke to one health professional who was visiting the service. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person who uses the service. We attempted to contact four relatives and we received one response. We spoke with a further two staff members. We contacted three professionals who regularly have contact with the service and received no responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, although staff knew people's individual needs, protocols were not always in place to guide staff how and when to administer such medicine. For example, we found two people who were prescribed PRN pain relief medicines did not have PRN guidance in place. We discussed this with the management team who were able to demonstrate they understand the importance of PRN guidance and agreed that this had not been implemented for these individuals. They advised they would ensure these were put in place following the inspection.

We recommend the provider seeks current guidance on best practice about the recording of PRN medicines.

- People received their medicines regularly with staff's support who had been trained in the safe administration of medicines.
- Staff confirmed they had their competencies reviewed to ensure they followed good practice guidance.
- People and relatives were happy with the support they received with their medicines. One person said, "Yes, they always make sure I get them [medicines]."

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. One person told us, "Staff keep me safe."
- The provider had a safeguarding policy which gave the management team and staff guidance to safeguard people from harm.
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Managers understood their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Peoples individual risks were assessed prior to the service commencing. Where risks were identified measure were put in place to mitigate them to help keep people safe.
- Staff knew how to report changes to people's needs and could contact the office for additional support at any time.
- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Risks were kept under regular review. If there were any changes to a person's ability or condition, this would trigger a review to ensure risks assessed were kept current.

Staffing and recruitment

- The provider's recruitment process was followed to recruit suitably skilled and experienced staff.
- The provider completed a range of pre-employment checks which helped them make safer recruitment decisions to ensure people were safe.
- Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.
- There were enough staff deployed to meet people's needs at the preferred times. People confirmed that staff arrived at the expected time and stayed the duration of the visit.

Preventing and controlling infection

- There was an infection control policy in place at the service and was followed by staff to ensure the risk of infection was minimised for people.
- Staff had access to appropriate personal protective equipment, such as gloves and aprons to be used when delivering personal care.

Learning lessons when things go wrong

- Records showed the registered manager monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 were assessed before the service commenced to help determine if the service could deliver effective care and support.
- Assessments guided staff to provide care in line with people's needs and personal routines.
- Care plans developed for people included background information including medical history and ongoing conditions, personal care and how they people wished to be supported.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received a comprehensive induction and ongoing training and support.
- Staff had supervision meetings with their line manager. These meetings were used to explore staff performance and reflect on their achievements, personal and professional goals.
- Staff completed mandatory training to equip them with knowledge to be effective in their role. Records showed that staff completed training in topics such as safeguarding, first aid and medicines management.
- New staff were supported to undertake their mandatory training within the first three months of their start date.

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

- Where people were assessed as needing help or support with eating and drinking, staff supported them to have sufficient amounts to maintain their health and wellbeing.
- Staff were knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people.
- Where necessary people's dietary intake was monitored. If there were any concerns about people's nutrition or hydration referrals were made to the appropriate professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health needs through contact with health and social care professionals.
- People received continuity and seamless care because the service had developed good working protocols with a team of professionals in a variety of agencies and services.
- Staff told us if they were concerned about a person's health they would contact the office or speak with health professionals directly to ensure the person received the care they needed.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff supported people in the least restrictive way possible to ensure they had maximum choice and control of their lives.
- People gave staff their consent before they received any support to meet their care needs.
- Staff had completed training in MCA and had an understanding of how to appropriately support people in the least restrictive way and within the legal framework of the MCA.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 they were treated as individuals by a team of staff who were kind, caring and compassionate. One person told us, "Yes, they are very caring. They are around if I need them for anything."
- Staff understood people's equality, diversity and human rights needs and these were detailed in each care plan. Staff told us they responded to people as individuals and respected any particular care needs and preferences at each visit.
- People and relatives said they had developed meaningful relationships with care workers that visited them.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

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

- People were involved and supported in planning and making decisions about their care.
- We saw evidence people had been given meaningful opportunities to be involved in care reviews. Staff understood people's abilities and how they could contribute towards making decisions about their care.
- People and relatives were contacted in several ways to gather their feedback. This included, review meetings, surveys, emails and phone calls.
- One relative told us, "They ask for my opinion."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were very respectful; maintained their privacy and promoted their dignity.
- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "I always make sure I know what they [people] want. Give them a choice...I always knock their door before entering their bedroom."
- People were encouraged to maintain their independence. Staff understood about encouraging and promoting independence.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- There was no one using the service who required end of life care.
- The management team knew which health and social care professionals to contact should a person need end of life care.
- They understood the importance of exploring people's wishes and preferences, however, had not always recorded these choices and preferences in people's care plans.

We recommend that the provider refers to current guidance on best practice about the end of life care and ensure this is explored appropriately with people using the service and recorded.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were assessed to ensure staff had sufficient details about people's individual needs and this information was used to develop a plan of care.
- Care records included background information about the person's social history, and their likes and dislikes. It was clear to us they had been devised and reviewed in consultation with people and their relatives, where appropriate.
- People were supported to have choice in every aspect of their lives. Staff used a range of techniques to support people to be able to choose what they wanted to do or have to eat for example.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was working within the AIS. People's specific communication needs were recorded in their care plans and staff had a good understanding of those. They could communicate with people effectively.
- People were given a range of information they could understand and the communication support they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People where required, were supported to maintain relationships with family and friends to help avoid social isolation.
- People were encouraged to follow interests and to take part in activities that were of interest to them.

Improving care quality in response to complaints or concerns

- There was a robust complaints process in place. We saw that the process ensured people's concerns would be properly investigated and an outcome recorded.
- People and their relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- The registered manager confirmed that two complaints had been made since the last inspection and addressed appropriately.

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 last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership did not always ensure that systems and processes supported quality improvement. Records did not always evidence high quality and person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team completed medicine competency assessments on staff and any areas for improvement were discussed with the care worker if this was needed. However, these competency assessments had not been recorded.
- Systems were in place to maintain the quality and safety of the service. However, audits to review accuracy of people's care records had not been undertaken regularly. Where areas for improvement had been identified, we could not be assured action had been taken to improve the accuracy of care plans. Records did not demonstrate that these actions had been taken. We discussed this with the management team who confirmed that they would ensure these issues were rectified.

We recommend the provider seeks guidance in line with best practice to ensure quality assurance arrangements are robust and identify current and potential concerns and areas for improvement.

- The management team reviewed other elements of the service, including undertaking effective medicine audits which identified any gaps and actions that needed to be taken to ensure the safe management of medicine.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery.
- Staff talked passionately about the ethos of the service and how they ensured they always provided a high-quality service because they were allocated enough time to ensure quality was factored in. One staff member said, "The management are very supportive."
- The management team understood the requirement to keep the Care Quality Commission (CQC) informed of incidents and events that occurred at the service, as legally required.

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

- People were empowered to have control of their lives through person-centred care. People were at the heart of the service. Staff were passionate and continuously strived to achieve good, positive outcomes for people.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.
- People, relatives and staff we spoke with said that they felt the service was well managed. One person said

of one of the management team, "[Name] is brilliant...on the ball."

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

- The management team understood their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care.
- Processes were in place to respond appropriately if something goes wrong and meet their legal obligation to let people know.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were regular meetings which provided staff with the opportunity to meet colleagues and share their knowledge.
- Staff said that they were asked for their feedback about the service. Staff said that they were confident to raise any concerns with the management team.
- The service had worked with staff in health care services that helped people receive effective coordinated care. One healthcare professional told us, "I have always found them to be very good at communicating people's needs. They take on board my advice."
- People and their representatives were asked about the quality of the service via a range of methods.