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# The Pembury

## 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

The Pembury is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Pembury can accommodate up to eight people who have a learning disability and autism. At the time of our inspection eight people were living there. People had their own bedrooms with en suite facilities with access to a shower and bathroom. They shared a lounge, dining room and a sensory room. Grounds around the property were accessible.

The Pembury had been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

This inspection took place on 16 October 2018. At the last comprehensive inspection in March 2016 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post who had been registered with the Care Quality Commission (CQC) in 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by a manager who had responsibility for the day to day management of The Pembury. Both the registered manager and the manager were the registered providers for The Pembury and its sister home The Padova. 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. The registered manager was not present during this inspection. The manager was in attendance.

People's care and support was centred on their individual needs and wishes. They had lived together for some time and had been supported by a core group of staff providing them with consistency and continuity of care. They had positive relationships with staff, who understood them well, anticipating what would make them anxious or uncertain. Staff treated them with kindness and compassion. They understood and respected people's diverse needs. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were well managed encouraging people's independence. There were enough staff to meet their needs. This was kept under review as people's needs changed. Staff recruitment and selection procedures ensured all necessary checks had been completed prior to employment.

People made choices about their day to day lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the planning and review of their care and

support. They chose the activities they wished to take part in. They said they liked to go horse riding, to the cinema and to garden centres. They went on holidays, day trips, to social clubs and local places of worship. People kept in touch with those important to them.

People's preferred forms of communication were highlighted in their care records. Staff were observed promoting effective communication, taking time to engage with people. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about safeguarding, complaints, breast screening and diabetic eye screening. People also had easy to read information about staff on duty, activities and menus.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet. They helped to prepare and cook their meals. People had access to a range of health care professionals. They had annual health checks. People's medicines were safely managed. People had expressed their wishes about how they would like to be cared for at the end of their life. They were supported during stays at hospital and when discharged home. A relative commented, "The love and care they have all shown to [Name] at this time of her life is so lovely and heart-warming."

People, their relatives and staff were invited to give feedback through quality assurance surveys, meetings, complaints and compliments. They had information about how to raise a complaint. The manager and provider completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The manager worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance. Comments about The Pembury included, "It's absolutely outstanding" and "It's fantastic."

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Pembury

## **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 was a comprehensive inspection, carried out by one inspector. The inspection took place on 16 October 2018 and was unannounced.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we observed the care being provided to eight people living at The Pembury. We had feedback from four people and one relative about the care and support provided. We spoke with the manager, three members of staff and the domestic assistant. We contacted one health care professional for feedback. We looked at the care records for three people, including their medicines records. We looked at staff records, training records and quality assurance systems. We have referred to feedback from people, their relatives, staff and health care professionals given to the provider as part of their quality assurance systems. A report produced by an external agency assessing the quality of care provided was also shared with us.

## Is the service safe?

### Our findings

People's rights were upheld. People had access to information about how to stay safe and how to report concerns. This was produced in an easy to read format using photographs and pictures to illustrate the text. Safeguarding procedures were in place to protect people from abuse. Staff had access to updated policies and procedures. They had a good understanding of their roles and responsibilities in recognising and reporting suspected abuse. Staff kept their knowledge and understanding of safeguarding up to date with refresher training. The manager said they followed up any incidents by having discussions with staff individually and at team meetings. This was done to enable learning from the incident. Staff said the manager would take the appropriate action in response to any concerns they raised. There had been no safeguarding concerns.

People were supported to manage their finances. They signed their financial records which noted any payments made to them. Receipts were kept for any expenditure. The manager audited people's financial records. People had individual inventories in place for any personal items of value.

People were kept safe from the risk of harm. Any risks had been assessed and managed to minimise any known hazards. People's independence had been promoted enabling them to safely do as much as they could for themselves. For example, staff provided supervision and verbal prompting to encourage people to do their personal care and to eat their meals. The Provider Information Record (PIR) stated, "Staff give people information about risks and actively support them in their choice so that they have as much control and independence as possible." Risk assessments were reviewed annually or as people's needs changed. There had been no accidents reported in the last 24 months.

People occasionally became upset or anxious. Their care records provided clear guidance about the routines important to them and what might upset them. Staff knew people really well and anticipated the triggers which would make them anxious. For example, People needed to be talked through any changes to their routine. Staff had worked closely with a person when they moved into the home and as they transitioned between children and adult services. The manager said they initially sought support from health care professionals. The person had settled well into their new home and their uncertainty and anxieties had considerably reduced. Staff said good communication between them helped to provide continuity and consistency of care and support.

People lived in a home which was well maintained. The manager said they employed a maintenance person to deal with day to day maintenance issues and the redecoration of the home. Staff checked to make sure fire systems were in working order. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency. Health and safety checks were in place and equipment was serviced at the appropriate intervals.

People had enough staff to meet their needs. People benefited from a core group of staff who had supported them for over 10 years. The manager confirmed they monitored the staff levels to make sure they continued to meet people's changing needs. The manager worked as part of the staff team and if additional

support was required they would personally provide this. For example, a person had recently returned from hospital and required more support.

People were protected against the risk of harm through satisfactory recruitment processes which ensured all the necessary checks had been completed. These included a full employment history, confirmation of the character and skills of new staff and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them and when they requested them. People's medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently.

People were protected against the risks of infection. Staff were aware of the importance of maintaining a clean environment and followed a schedule of cleaning. Staff completed infection control training and were observed following safe practice. For example, using protective clothing when needed. The manager monitored infection control as part of their quality assurance checks. They said an annual report for 2018, in line with the requirements of the code of practice on the prevention and control of infections, would be produced. A person said, "The home is always kept clean" and a relative commented, "The house always looks and smells clean." An inspection by the food standards agency in 2017 gave the home its top rating of five stars.

People's care and support had been adapted and improved upon in response to lessons learnt from incidents or near misses. The manager described the actions they had taken to change their support for a person after a near miss. Staff had increased the levels of supervision offered to the person when they were walking around their home. By providing a consistent approach staff had increased people's sense of wellbeing and significantly reduced the risk of harm.

## Is the service effective?

### Our findings

People's needs had been assessed to make sure these could be met by the home. Their physical, emotional and social needs were monitored and reviewed monthly to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives. Their diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by knowledgeable and experienced staff. Staff confirmed they were able to maintain their skills and professional development. Training and support had been scheduled throughout the year. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. They had also completed training specific to the needs of the people they supported. For example, autism awareness, end of life awareness, dementia, nutrition and epilepsy awareness. Staff had individual support meetings to discuss their training needs and the care they provided. They also attended staff meetings each month to share information and best practice.

People's nutritional needs had been assessed. Their individual dietary requirements were noted in their care records. For example, a person living with diabetes was supported to have alternatives to sugar. They managed their diabetes through their diet. People at risk of malnutrition had meals fortified with cheese and cream and staff closely monitored their weight. People who were at risk of choking had been referred to a speech and language therapist and their recommendations were followed. For example, food was cut up into bite sized pieces and staff supervised people eating their meals. People were observed helping to cook their lunch and evening meal. Menus reflected their individual preferences and people could have alternatives if they wished. A healthy and nutritional diet was encouraged. Meals were produced using fresh ingredients including vegetables and fruit. People told us, "Lovely food" and "I love the food." The manager was aware of the need to highlight allergens in people's diet. People had no known allergies. People said they liked to eat out at a local pub or café.

People's health and wellbeing was promoted. Each person had a health action plan and information to take to hospital in an emergency. People also had access to easy to read information about breast screening and diabetic eye screening. Their care records described their health needs and each month these were reviewed. They had annual health checks in line with national campaigns to ensure people with a learning disability and autism had access to healthcare services. People attended dentist, optician and chiropody appointments. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. Staff described how they had supported one person when they were in hospital and after their discharge. A GP commented, "I have been very impressed with their (staff) knowledge of the medical condition."

People lived in a house which reflected their individual preferences. They lived in a detached house on an estate in the city, no different from other houses in their street. Adaptations, such as grab rails, overhead



tracking and a specialist bath had been provided so that people could use their bedroom, bathroom and stairs safely. People had personalised their rooms to reflect their interests and hobbies. For some people this meant their bedroom provided a sensory environment with stimulating use of colours, mobiles and lights.

People made choices about their day to day lives. Staff offered them choices, respecting their decisions and enabling them to plan their day. People were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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. Records confirmed when decisions had been made in people's best interests and by whom. For example, discussions about a person's medical treatment. The Provider Information Record stated, "We empower clients to make choices and have as much control and independence as possible."

People's liberty and any restrictions had been assessed. 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). The manager confirmed applications had been submitted to the supervisory body to assess whether people were being deprived of their liberty.

## Is the service caring?

### Our findings

People were treated with kindness and care. They were observed spending time with staff and being relaxed in their company. People said, "Staff look after me" and "We get on with each other very well." One person said they enjoyed sharing a joke and laughing with staff. A relative told us, "He couldn't be more cared for." Staff knew people really well. They were aware of their backgrounds and personal histories. Staff appreciated how important routines were to people and respected these. Staff were observed engaging with people, chatting and patiently replying to their questions. Staff gently responded to people using sensitivity and compassion. The Provider Information Record (PIR) stated, "Service users are treated with kindness and compassion in their day to day care. Out staff team are caring and committed."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People had identified their preferred form of address and this was respected. People had access to a range of equipment and aids to promote their independence both at home and in the community. For example, wheelchairs and accessible transport. People were encouraged to participate in age appropriate activities. An external agency commented, "People are treated like adults." Staff supported people to maintain relationships and friendships with those important to them. People's cultural and spiritual needs had been discussed with them and they were supported to attend a variety of places of worship. People's preferences for the gender of staff supporting them was respected as far as possible.

People were consulted about their care needs. The PIR stated, "Service users are actively involved in identifying their needs, choices and preferences and how they are met." Staff said, "We know people really well. We work well as a team" and "We provide person centred care centred around people's changing needs." People had access to advocates. An advocate is an independent person who can represent people using social care services.

People kept in touch with those important to them. People visited their relatives and used the telephone or video conferencing to speak with them. Staff had information about one person's relative who was moving overseas so they could help them to keep in contact. People had two cats living with them and said they enjoyed their company.

People's privacy and dignity was respected. People told us, "Staff treat us well" and "Staff are nice people." The PIR stated, "Staff understand how to respect people's privacy, dignity and human rights." Staff were observed discreetly supporting people. People decided when they wanted to spend time alone and staff respected this. They were encouraged to be as independent as possible. People's routines were extremely important to them and staff reassured them responding to them in a timely fashion. People were satisfied with these replies and able to look forward to the next activity. Staff told us, "It's so homely and it's their home" and "Service users have built a trusting relationship with staff." Relatives said, "He is shown such care, love and is respected" and "I have been blown away by their (staff) kindness and hospitality."

## Is the service responsive?

### Our findings

People's care was individualised, reflecting their personal needs and routines which were important to them. Their care records stated how they wished to live their day to day lives. Any routines which they preferred were clearly highlighted. Staff understood the importance of following these and providing consistency and continuity of care. If changes were needed to their routines, for instance, going to a health care appointment instead of a planned activity, they were involved in the planning of these changes to reduce any anxieties. People were encouraged to be independent and their care records stated what they could do for themselves and what they needed help with. This included aspects of their personal care and helping around their home. The Provider Information Record (PIR) stated, "We treat service users as unique individuals and embrace their diversity. We have care plans that are centred around each individual service user, their wants and needs to lead a fulfilling life."

People were encouraged to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People told us they liked going horse riding, to the cinema, shopping and to garden centres. Their chosen activities were discussed with them including day trips, holidays, social clubs, attending day centres and college. One person did voluntary work at a local charity. People were busily engaged in their activities during the inspection. Whilst at home people chose to spend time listening to music, watching a movie, helping to cook and spending time in their rooms or the sensory room.

People's communication needs were highlighted in their care records. These guided staff how to interpret people's behaviour and body language as an expression of how they were feeling. Good use was made of information technology to promote good communication. One person used an electronic device to speak with others. The manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Excellent use was made of easy to read formats which used pictures and photographs to illustrate the text. For example, information about safeguarding, advocacy and the complaints procedure. People had access to a pictorial guide for meals, drinks and snacks. The menu and activities schedule were also produced in an easy to read format. People's daily diaries were illustrated with photographs of activities they had been involved in. A white board displayed photographs of the staff on duty each day.

People had access to a complaints process. They talked with a named member of staff (keyworker) each week and came together for house meetings each month. People said they would talk with their keyworker or the manager if they had any concerns. People said, "When I have a problem I go to staff and they will get it sorted" and "I would get staff to get [Name] if I wanted to speak to her (about any concerns)." A relative told us, "I always feel I can call them if I have any concerns. I have raised little things and they were acted upon." No complaints had been received in the last 24 months. The PIR stated, "Service users are encouraged to raise concerns or complaints through service users' meetings, service users' questionnaires and staff on duty. We have an open, honest and transparent approach."

People's changing needs were responded to in a timely fashion. The manager described how the team had supported a person after their discharge from hospital and their response to the person's end of life needs. This involved close working with health care professionals to ensure the appropriate plans and level of support were in place. A person told us how they had helped encouraged their friend to eat and drink. Staff acknowledged how beneficial this had been to the person to maintain the quality of their life. The person's sense of wellbeing had significantly improved due to the care and support which had been provided. The relative of another person living there said, "The love and care they have all shown to [Name] at this time of her life is so lovely and heart-warming."

People's wishes for their end of life support had been discussed with them and those people important to them. Each person had an easy to read end of life care plan in place which detailed the support they would like to have. For example, to stay at The Pembury if possible. People had chosen their preferred service, flowers, music and how they would like their life to be celebrated. People and staff fondly told us about a person who had died, showing us photographs displayed in their memory. A relative of another person living in the home told us, "It is over and beyond what is expected of them [staff]. It touched my heart the way they cared for her."

## Is the service well-led?

### Our findings

People benefited from a provider who strove to provide high quality care. People told us, "I like living here" and "It's fantastic living here." A relative said, "It's lovely. It's absolutely outstanding." The manager reflected, "We are passionate about people having the right care." The manager worked alongside staff monitoring the day to day delivery of care and ensuring high standards were maintained. The Provider Information Record (PIR) stated, "We have a set of values that include honesty, involvement, compassion, dignity, independence and respect. The values are understood by all staff and consistently put into practice." A health care professional confirmed, "It's an excellent care home."

The registered manager was first registered in 2010. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was supported by the manager who oversaw the day to day management of The Pembury. Staff told us, "The manager is fine. We work really well as a team." A relative told us, "The manager is gold star. She is a wonderful manager." Staff said they talked through everything with the manager.

The manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures.

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance was up to date and available to staff. The manager had a range of quality assurance checks which were completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these were reviewed to ensure they had been completed. The registered manager/provider monitored people's experience of their care and support through regular visits to the service. They worked closely with the manager to ensure the quality of care was maintained.

People, their relatives and staff were asked for their opinions of the service. They were invited to complete an annual survey in 2018 to give their views about people's experience of their care and support. Comments included, "The staff do good work, I am proud of them" and "Staff do a brilliant job." People talked with staff on a daily basis and any issues or feedback had been dealt with as they arose. A quality assurance visit by an external organisation said the home was "better than average" than other similar homes.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow

when things go wrong with care and treatment). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on-going monitoring of the service.

People benefited from a provider who made resources and support available to maintain high standards of care. The manager described how they valued staff and recognised their loyalty and commitment. Lessons were learnt from incidents and observations of people. The manager said they kept up to date with current best practice through membership of national and local organisations. This helped them to reflect about how they could improve the service provided. The PIR recognised, "Staff are regularly involved in the home in a meaningful way which helps to drive continuous improvement."

The manager worked closely in partnership with other agencies, social and health care professionals. Records confirmed information was shared with them when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well.