

# Community Integrated Care Pemberton Fold

## Inspection report

Pemberton Street  
Little Hulton  
Salford  
Greater Manchester  
M38 9LR

Tel: 01617025100  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

Date of inspection visit:  
27 January 2020

Date of publication:  
10 March 2020

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Pemberton Fold is a residential care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection the service was supporting 55 people.

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

People and their relatives told us the home was a safe place to live. One person said, "The staff are brilliant, really good. I'd say it's safe here." Staff were knowledgeable about safeguarding vulnerable people and the home had effective systems in place to safeguard people from abuse. Staff were available when people needed support. One person told us, "The Staff are great. If I press my buzzer they are here in a minute." The home was well-maintained, safe and clean.

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 were supported to have enough to eat and drink and were offered regular drinks and snacks throughout the day. However, we received mixed feedback about the food and some dining tables were not as well-presented as others. We have made a recommendation regarding the provision of food and people's mealtime experience. People and their relatives told us staff ensured they promptly accessed other healthcare services when needed.

People and their relatives gave us positive feedback about the staff at the home. One relative commented, "They [the staff] are a caring team and they pop in and check on [Relative] a lot." Staff were friendly and familiar with people living at the home and people appeared happy and comfortable in the company of the staff. We observed many kind and caring interactions throughout our inspection.

People's care plans were person-centred and gave staff the insight and guidance required to support people safely and effectively, along with getting to know them. There was a wide range of activities for people living at the home to take part in and staff had positively engaged with people living at the home, the local community and other organisations to assist with this. Staff also supported people to keep up with their religious preferences. For example, church ministers of different denominations regularly visited the home to carry out services.

There was a kind and caring culture amongst staff at the home. Managers, care workers and other staff all had similarly warm and friendly relationships with the people living at the home. People and their relatives told us staff were approachable and listened to them. One person said, "They always say to me, 'if you've got any problems, tell us and we will get it sorted.'"

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 3 July 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Pemberton Fold

## 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 and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Pemberton Fold is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and 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 this information to plan our inspection.

During the inspection

We spoke with ten people who lived at the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, deputy manager and care workers. We also spoke with one visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the home was a safe place to live. Comments included, "The staff are brilliant, really good. I'd say it's safe here" and "My [Relative] is well looked after, the care has always been really good."
- Staff were knowledgeable about recognising and reporting safeguarding concerns and had received training on this topic.
- Information and guidance about how to raise safeguarding concerns was accessible throughout the home and the home had appropriate systems in place to manage any such concerns if and when they arose.

Assessing risk, safety monitoring and management

- The home was well-maintained, clean and safe for the people living there.
- The safety of the environment was regularly checked by staff and the home had a variety of up-to-date safety certificates.
- Fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.

Staffing and recruitment

- People said there were enough staff available to help them when needed. One person said, "The Staff are great. If I press my buzzer they are here in a minute."
- There were enough staff available to meet people's needs. Call bells were answered promptly and people who were in communal areas were quickly assisted by staff when they needed help.
- Staff were safely recruited by the home and appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

Using medicines safely

- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- The home had robust systems and checks in place to ensure the safety and quality of medicines administration was maintained.
- The home had recently been visited by the medicines support team from the local clinical commissioning group (CCG), who found evidence of good practice in all areas of medicines management.

Preventing and controlling infection

- The home was clean and free from unpleasant odours throughout our inspection.

- Staff received training on this topic and used personal protective equipment (PPE) when required.

#### Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.
- The home had robust systems in place to ensure appropriate action was taken in response to any accidents and incidents. This information was regularly reviewed by senior staff to ensure lessons were learned and steps taken to prevent recurrence, when necessary
- Relevant policies and procedures were in place to help guide staff.

# 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.

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

- Feedback about the food was mixed. Comments included, "The food is good and there is plenty of choice", "I enjoyed my lunch today, it was very nice", "The food isn't up to much" and "The food could be better."
- People enjoyed their lunchtime meals and had positive interaction and support from staff. However, the meals were not particularly nutritious and the dining tables across the home were inconsistently presented; some were neatly laid with place settings, condiments and menus but others not.

We recommend the provider reviews and improves the food provision and people's mealtime experience.

- People were effectively supported to have enough to eat and drink throughout the day. For example, we saw staff regularly offering people drinks and snacks.
- Staff offered people appropriate support and encouragement to eat and drink, where necessary, and people's individual dietary preferences and needs were considered and met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were appropriately assessed and documented before they moved into the home, ensuring staff could safely and effectively meet their needs.
- People's individual equality and diversity needs were considered during the assessment and care planning process, such as age, disability and religion.

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff were good at helping them to access other healthcare services when needed. Comments included, "I needed the doctor the other day and they did call him quickly. They [the staff] keep their eye on everyone" and "They are on the ball...and get the doctor quickly. It is a really good service when it comes to things like that."
- People's health was monitored by staff and when changes were noted referrals to other healthcare professionals were made in a timely manner. For example, one person had complained about pain in their mouth. Staff were already aware of the issue, had spoken with the GP and an appropriate remedy was due to be delivered later that day.

Staff support: induction, training, skills and experience

- New staff were well-supported with a structured and thorough induction into their role at the home and staff received ongoing training relevant to their roles.
- Many staff had worked at the home for a number of years and told us they felt well-supported in their roles.

Staff received regular support through an effective supervision system.

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

- People were supported to personalise their rooms with their choice of décor and personal items.
- The home felt homely and cosy. People appeared settled and comfortable in their surroundings.
- Some of the people living at the home were living with dementia. Adaptations had been made to assist people living with dementia in finding their way around the home, such as easy-read signage.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about people's capacity and consent and understood the principles of the MCA.
- Staff obtained people's consent to their care and treatment. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records were maintained.
- DoLS applications and authorisations were effectively monitored and managed by staff at the home.

# 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 and their relatives gave us positive feedback about the staff at the home. Comments included, "I find them [the staff] all helpful and caring", "They [the staff] are a caring team and they pop in and check on [Relative] a lot" and "From what I've seen they [the staff] are well trained and in my experience when I've been here, nothing seems too much trouble for them."
- Staff were friendly and familiar with people living at the home and people appeared happy and comfortable in the company of the staff.
- We observed many kind and caring interactions throughout our inspection. For example, staff were quick to notice when one person became agitated and was repeatedly questioning where they were. Staff promptly responded in a way that helped calm the person and reduced their agitation.
- Staff were attentive to people's individual needs and situations. One person said, "This morning, I didn't eat my cereal. They must notice because mid-morning they brought me tea and toast which was very nice of them."

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

- Staff understood the importance of supporting people to make decisions for themselves, as far as possible, and respected people's right to make decisions about their care.
- People and their relatives were able to express their views about their care and the home in general in a variety of ways, such as care plan reviews, regular residents' meetings, family meetings, a suggestions box and an annual survey.
- Staff supported people to seek the support of independent advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- We saw many examples of staff treating people with dignity and respect throughout our inspection. Examples included, staff respectfully and reassuringly talking to someone as they assisted them from sitting to standing and politely knocking on people's doors and asking for permission to enter before doing so.
- Staff supported people to maintain their appearance; people appeared well-dressed and dignified.
- People's confidential information, such as care plans, was stored securely in the office and could only be accessed by people who needed to see it.

# 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.

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

- People's care plans were person-centred and gave staff the insight and guidance required to support people safely and effectively, along with getting to know them. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- Care plans were regularly reviewed to ensure they remained accurate and people and their relatives were involved in the care planning and review process.

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.

- People's individual communication needs were considered and documented in their care plans. One person living at the home did not speak English as their first language and their communication was also impaired by their medical conditions. Staff used pictorial aids to assist this person to communicate their choices as best as possible.
- Staff had access to various alternative communication resources to assist communication with people when needed, such as easy-read format.

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 and their relatives gave positive feedback about the activities on offer at the home. Comments included, "I do knitting and crocheting twice a week with [activities coordinator]. She is very good" and "The staff come in a lot and sit and chat with [Relative]. It's all she wants really. They ask her if she wants to go to church or to the knitting group."
- There was a wide range of activities for people to take part in and staff had positively engaged with people living at the home, the local community and other organisations to assist with this. For example, people had contributed ideas to the development of the 'Buttercups Café' area by the main entrance to the home. This was an inviting and comfortable café-style area for people and their relatives to enjoy together. It included drinks and snacks facilities, a reminiscence area and a book of remembrance and other areas of interest.
- Staff supported people to keep up with their religious preferences. For example, church ministers of different denominations regularly visited the home to carry out services.

#### Improving care quality in response to complaints or concerns

- Complaints were effectively managed by staff at the home. Complaints were appropriately documented, investigated and responded to in a proportionate and timely manner.
- People and their relatives had access to information and guidance about making a complaint and said they felt comfortable raising concerns. One relative commented, "We've had a couple of issues...but they did sort it out straight away when we told them. They were spot on in dealing with it."

#### End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, people's advanced wishes and preferences had been discussed and documented.
- Staff at the home were adaptable and accommodated people's individual end of life wishes. For example, one person wanted to visit their favourite football team's ground and buy the latest shirt before they died, which staff successfully helped them to do.
- Staff had relevant training to meet people's needs and the home worked with other health professionals to ensure people's end of life care needs were effectively met.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a kind and caring culture amongst staff at the home.
- Managers, care workers and other staff all had similarly warm and friendly relationships with the people they were supporting.
- The registered manager was knowledgeable, experienced, passionate and had good oversight of the quality and safety of people's care.
- The registered manager understood their responsibilities regarding the duty of candour and promoted openness and transparency from staff.
- Staff took pride in supporting people to achieve positive outcomes. For example, one person's health and independence, following a period of care and support at the home, improved to a level where they were able to move into their own flat in a supported living setting.

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

- Ratings from the last CQC inspection were clearly displayed within the home, as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

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

- People and their relatives were able to give their feedback about the care at the home in a variety of ways, such as during care plan reviews, regular residents' meetings, family meetings, a suggestions box and an annual survey.
- People and their relatives told us staff were approachable and listened to them. Comments included, "They always say to me, 'if you've got any problems, tell us and we will get it sorted'" and "The staff are superb. We did look at other places, but I couldn't be happier with [Relative's] care here. They respond to any situation in the right way."

Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained. For example, the health professional we spoke with during the inspection

had no concerns about the quality of care at the home and said staff listened to their advice.

- Staff at the home positively engaged with organisations who could provide them with additional support and guidance, such as the local authority and CCG.

#### Continuous learning and improving care

- The home had robust systems in place to monitor, assess and improve the quality and safety of service being provided.
- There were clear and effective governance systems at the home, which included clear lines of accountability both within the home and from senior managers employed by the provider.
- The registered manager received regular support from the regional manager and managers from other services operated by the provider to share knowledge, learning and ideas.