Willowbrook Healthcare Limited

Pemberley House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection of Pemberley House took place on 20 and 21 June 2017. Pemberley House provides residential care for older people over the age of 65 and is situated within a residential area of Basingstoke. The home offers a service for up to 72 people. At the time of our visit 51 people were living in the home.

This inspection of Pemberley House took place on 20 and 21 June 2017. The home is registered to provide accommodation with personal and nursing care for up to 72 people. At the time of our inspection there were 51 older people living at the home, some of whom were living with dementia.

Accommodation at the home is provided over three floors, which can be accessed using the stairs or passenger lifts. There are usually five different areas within the home, referred to as communities. Two communities are located on each of the first two floors, with a single community situated on the top floor. At the time of our inspection the third floor was not occupied. Each of these households is staffed independently and has its own lounge and dining areas. This provided people with a sense of homeliness. Each household was designed to and furnished to meet the needs of the people living in them.

There is a large enclosed garden and patio area which provides a secure private leisure area for people living at the home. The home also has a boutique café with internet and computer facilities for people to meet and keep in touch with family and friends. The home contains a purpose built salon to provide hairdressing, manicures and other therapeutic services.

The previous inspection of Pemberley House in June 2016 found the service required improvements in most areas of care provision. At this time a different provider had legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The current provider took over the management of the home and began to provide a service on 2 May 2017.

The service had a registered manager. 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.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people.

The risks relating to people's health and welfare were assessed and recorded, along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence. People's care plans had been

reviewed to ensure they included all of the information staff required to meet people's needs.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the right skills mix and experience to keep people safe. Staff had undergone relevant pre- employment checks as part of their recruitment to assure the provider of their suitability to support vulnerable older people.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager.

The provider's required staff training was up to date which ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Staff had received individual supervisions and appraisals from their supervisors who completed competency assessments in relation to staff skills such as moving and positioning.

Staff protected people's rights to make their own decisions and supported them to make as many decisions as possible. Where people did not have the capacity to consent to care, legislation designed to protect people's legal rights was followed correctly and confidently by staff.

People were treated with dignity and respect at all times. Staff demonstrated caring and positive relationships with people and were sensitive to their individual choices. Staff were skilled in supporting people to express their views and communicated with them in ways they could understand.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary, in a patient and friendly manner.

People and where appropriate their relatives were supported to be actively involved in making decisions about the care they received. Staff had developed positive caring relationships with people and spoke with passion about people's needs and the challenges they faced.

People's privacy and dignity were maintained by staff who had received training and understood how to support people with intimate care tasks. Staff demonstrated how they encouraged people to be aware of their own dignity and privacy.

The management team were committed to ensuring people were involved as much as they were able to be in the planning of their own care. Staff reviewed people's needs and risk assessments monthly or more frequently when required to ensure that their changing needs were met.

The registered manager sought feedback from people, their families and staff, which they used to drive continuous improvement in the service. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs.

People benefitted from a well-managed and organised service. The provider's clear vision and values underpinned staff practice and put people at the heart of the service. Staff were aware of the provider's values, which they demonstrated in practice whilst providing people's daily care and support. People, relatives, staff and health and social care professionals spoke positively about the open culture and positive management of the home.

The registered manager was approachable and well supported by the provider. There were comprehensive quality assurance processes in place using formal audits and regular contact with people, relatives, professionals and staff. The registered manager was responsive to new ideas and had developed links with external organisations and the community.

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.

People were protected from abuse and the risk of harm because all staff had completed current safeguarding and whistleblowing training and understood their role and responsibility to keep vulnerable people safe.

Staff were aware of people who were at particular risk of avoidable harm and the necessary measures required to mitigate these risks.

The registered manager ensured there were always sufficient numbers of suitable staff deployed to keep people safe and meet their assessed needs.

People received their medicines as prescribed from staff who followed current and relevant guidance about the safe management and review of medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices.

People were supported to eat a healthy balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff promoted people's independence and understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People knew how to raise concerns or make a complaint and were confident the registered manager would take prompt action to deal with them.

The registered manager used feedback, concerns and complaints as an opportunity to learn and improve the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

The management team promoted an open, inclusive, and person centred culture and encouraged people and staff to be actively involved in developing the service.

The registered manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service.

Pemberley House

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 June 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. A specialist advisor is someone who has recognised clinical experience and knowledge in a particular field. In this case the specialist advisor had expertise, skills and knowledge in relation to nursing older people. The expert by experience was a person who had personal experience of caring for someone who had used a similar type of care service to Pemberley House.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During the inspection we spoke with 18 people who used the service and 12 relatives. We spoke with the registered manager, the deputy manager, the clinical lead, four nurses, two senior care assistants, four care assistants, the activities coordinator (ACO), the home administrator, the customer services manager, the head chef, the maintenance manager and head of housekeeping. We also spoke with three agency staff, including one nurse. At the time of the inspection the home was going through a transitional phase as the provider, Willowbrook Healthcare Limited, had begun to provide a service on 5 May 2017. We also spoke with the provider's operations manager and support manager who were providing regular support to the registered manager during the transition.

We reviewed seven people's care plans, including needs and risk assessments, together with people's daily records. We observed two medicine administration rounds and reviewed 12 medicines administration

records (MARs). We observed the lunchtime meal service in two of the four households within the home and breakfast in another. We also visited people who preferred to have their meals served in their rooms.

We looked at six staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as the provider's quality assurance audits, were used to drive improvements in the service. After visiting the service we spoke with a care commissioner and four health and social care professionals who had engaged with the service.

This was the first inspection of the home since Willowbrook Healthcare Limited began to support people in May 2017.

Good

Is the service safe?

Our findings

People consistently told us that they felt able to raise any concerns. However, prior to the home being taken over by the new provider in May 2017 they had not felt safe. One person said, "Before (the new provider) took over I didn't always feel safe but now I feel much safer and hope they keep it going." Another person told us, "I used to worry but the new managers and head nurse have turned things round, so I feel much safer now." People and family members told us they had no faith that when they had raised concerns to the previous provider that these would be addressed. People and their relatives consistently told us there had been a significant improvement in relation to the new provider's response to concerns they raised. One person told us, "We used to have lots of meetings where we raised concerns to the managers but then nothing was done. Now if you tell (the deputy manager) or (the clinical lead) something gets done immediately. One relative told us, "I used to worry because when you raised concerns nothing was done. Now it is totally different, the managers and staff are much better at sorting things out to make sure people are safe." Another relative told us, "I feel that things have really improved recently. I see the same nurses, and so does (family member), which is important to her. She fell at the weekend and they phoned me straight away."

Visiting health and social care professionals told us that the registered manager and staff had enthusiastically embraced and implemented their guidance to provide a safe environment for people.

People experienced safe care provided by staff who had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. Staff were aware of people who were at particular risk of avoidable harm or abuse, for example; staff knew people who were at risk of choking or falling and the necessary measures required to be implemented to mitigate these risks.

People were protected from individual risks in a way that respected and promoted their independence, whilst keeping them safe. Staff had assessed the risks associated with providing care to each individual. These were recorded along with actions identified to reduce those risks. People who had been identified to be at risk of pressure areas had assessments and management plans in place to enable staff to reduce the risks associated with their skin integrity. Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring.

The provider had also identified risks relating to the environment and the day to day running of the home. The registered manager had taken action to minimise the likelihood of harm to people, for example; they were in the process of reviewing all furniture to ensure it was of suitable height for people who may have difficulty mobilising and transferring from one chair to another.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, was tested regularly to ensure it was in good working order. People were protected from environmental risks within the home.

People's records contained emergency evacuation plans and 'hospital passports'. These documents contained essential information to ensure health professionals had the required information to be able to

support people safely, for example; people's means of communication, their medicines and any known allergies. Staff had access to all relevant information, which health professionals could consider and act upon in an emergency to keep people safe. An updated emergency business contingency plan was put in place with the provider's contacts and new contacts for transport and local hotels should the home require evacuation.

Where an incident or accident had occurred, there was a clear record, which enabled the management team to identify any actions necessary to prevent or reduce the risk of further incidents. Staff told us they were encouraged to report any incidents or near misses which occurred, for example; incidents involving falls, pressure area management, medicines administration and record keeping. The different actions and learning points from each incident were shared with the relevant staff in meetings and handovers so necessary lessons could be learned as soon as possible. Staff knew and understood the provider's incident and accident reporting process to ensure all risks were identified and managed safely. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

Call bells were available to people so that they could alert staff if they needed support or in an emergency. One person told us they experienced difficulty operating their call bell. Staff told us they carried out additional checks to enhance this person's safety, which we observed in practice.

People were protected from abuse and the risk of harm because all staff, including those not delivering care, were trained and understood the actions required to keep people safe. Staff told us they had completed safeguarding and whistleblowing training, which was regularly updated to ensure their knowledge to safeguard vulnerable people from abuse was current.

Staff were able to explain their role and responsibility to protect people, which included personal intervention to prevent further abuse and reporting issues to the appropriate authorities. The provider ensured staff had ready access to their safeguarding policy and government legislation. Staff knew how to raise concerns and to apply the provider's policy. The provider empowered staff confidence to raise concerns by providing a dedicated, confidential telephone line to do so. The registered manager conducted thorough investigations in response to allegations of abuse and worked with the local safeguarding authority to keep people safe from harm.

The management team completed a daily staffing needs analysis which was based on the dependency of people. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. We reviewed rotas for May and June 2017, which demonstrated that the required level of staffing had been deployed to meet people's assessed needs.

We observed staff consistently responded to call bells quickly which people told us reassured them. One person told us, "One thing that has improved recently is how quickly staff come which stops you worrying if you need help." Staff responded promptly to meet people's needs safely.

People and their family members consistently told us that there had recently been a significant improvement in the quality of care provided, which reassured them and made them feel safe. People and staff attributed this improvement to the immediate increase in staffing levels introduced by the provider when they began to provide the service. One person told us, "It's been a lot better since they (the provider) took over. Staff are no longer stressed out and rushing around. The whole atmosphere is a lot calmer and feels safer." A relative told us, "The quality of care here has been poor for a long time mainly because there was hardly any regular staff and lots of agency so they didn't know you. The last couple of months have

been a lot better. You see the same faces every day now so (their loved one) is not always being cared for by strangers." People and relatives consistently praised the regular staff who had remained at the home during an extensive period of staffing shortages.

Staff consistently told us that the provider had immediately improved staff morale and the team spirit of the workforce by increasing the staffing levels. Staff consistently told us that the additional staffing now assured the safety of people using the service, which we observed during the provision of people's day to day care.

Some nurses we spoke with told us that to ensure the continued improvement in the quality of clinical care being provided an additional nurse would be required. The provider told us they were looking at the number of nurses deployed, which would be an agenda item at the next nurses meeting scheduled in July 2017.

Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. Staff had the opportunity to interact with the people they were supporting in a calm, relaxed and unhurried manner. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and bank staff employed by the home. The registered manager and the deputy manager were also available to provide extra support when appropriate. The registered manager ensured there were always sufficient numbers of suitable staff to keep people safe and meet their needs.

The registered manager monitored the overtime of staff who willingly volunteered, to ensure they did not put themselves or people at risk by working when too tired to support people safely. Where unforeseen circumstances arose, such as staff absence due sickness, the provider ensured other staff were available to cover.

Where necessary the provider employed agency staff to ensure there were always sufficient staff. The provider ensured that wherever possible the agency they used provided the same staff to assure the best possible continuity and consistency of care for people. Observations, rotas and staff confirmed that sufficient staff were deployed to meet people's needs safely. People and staff told us there had been a substantial reduction in the use of agency staff, which rotas confirmed.

Staff had undergone relevant pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where prospective staff had an adverse DBS record these circumstances were explored thoroughly and where required subject to a risk assessment. Prospective staff underwent a practical role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People received their medicines safely. Only qualified nurses who had received appropriate training administered people's medicines. Designated nurses had their competency to administer medicines assessed by the clinical lead to ensure their practice was safe.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Nurses reviewed each other's MARs to make sure people had received their medicines correctly. Nurses were aware of the action to take if any mistake was found, to ensure people were protected. People's medicine administration records (MAR's) had been correctly signed by nurses to record when their medicine had been administered and the dose.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. Nurses explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they endeavoured to administer them later if initially declined.

We observed nurses supporting people to take their medicines in a safe and respectful way. People were given time to take their medicines without being rushed. Nurses explained the medicines they were giving in a way the people could understand and sought their consent before giving it to them.

Where people were prescribed medicines there was evidence within their medicines management plan that regular reviews were completed to ensure continued administration was still required to meet their needs.

Nurses understood the risks to people from their specific medicines, for example; where people were prescribed Warfarin. Warfarin is a medicine which thins the blood and can have significant side effects, including prolonged and intense bleeding and bruising. Staff understood the support people needed to prevent the risk of bleeding.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

Some people received medicines that required additional support, such as a medicine that required regular blood tests to check the correct dose. The results of these tests were filed with the relevant medicines administration records, so nurses were able to check they were giving the correct dose. Some people were prescribed creams and ointments. These were kept in people's bedrooms and applied by staff when they provided personal care. Staff recorded when they applied creams and ointments. The records included body maps to show where staff should apply the preparations.

There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. The stock management system ensured medicines were stored appropriately and there was an effective process for the ordering of repeat prescriptions and safe disposal of unwanted medicines.

Good

Is the service effective?

Our findings

People and their families consistently told us the home had made significant recent improvements since the registered manager had been appointed in January 2017 and now felt the service provided to people was effective. People told us staff understood their needs and knew how they wished to be supported. One person told us, "The nurses and carers couldn't be better. They always treat me like one of their own and make sure I am ok." Another person told us, "There used to be a lot off rushing around because there weren't enough staff to cope but now things are much calmer and under control." A common theme reported by family members was the improvement in referrals to healthcare professionals since the change of provider and the level of information they received. One relative told us, "The staff now have more time to provide nursing care and you can trust them not to miss things." Another relative told us, "The new head nurse is really on the ball and calls in the experts as soon as there is a problem. They are also much better at letting you know if something has happened or if (their loved one) is poorly."

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively.

Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The provider had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included the provider's essential training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid. This ensured staff understood how to meet people's support and care needs. Required training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

The provider had introduced a system of designated linked nurses who acted as 'champions' in relation to specific areas of care such as infection control, falls management, dementia care, tissue viability, wound dressing, palliative care and diabetes. The provider had arranged relevant training in the nurse's chosen field of expertise to enable them to provide advice and guidance to colleagues regarding current best practice. Two members of staff had been identified by the registered manager to become in house trainers in relation to safeguarding, person centred care planning, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards, which staff and records confirmed.

When people required specialist input to manage complex medical equipment, the clinical lead arranged training for the entire care staff, not just the nurses. This ensured that there was always someone on duty with the knowledge and skills to support people safely.

Staff told us they were proud of their teamwork and how they shared vital information that was important to ensure people's quality of care and to keep them safe. We observed staff working and communicating well together. We observed three handover meetings, during which staff coming on duty were made aware of changes to people's needs. Where staff had been on leave, they were provided with updates regarding people whose needs had changed since they were last working. During the handover meetings, staff raised pertinent questions to check their own understanding. This ensured that all information was shared with staff and acted upon safely and effectively. The administration manager operated an effective system to ensure all appointments and information in relation to people's care and treatment was shared efficiently, for example; updating the results of medical examinations and changes to people's medicine prescriptions.

Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff had formal one-to-one supervision meetings with their designated line manager every eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that they were well supported by the management team and that the managers encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs.

Without exception, the nurses told us the clinical lead provided very good support with regard to the revalidation of their nursing qualifications. During supervisions, the management team discussed areas nurses wished to focus on in preparation for their individual revalidation. All staff were supported to achieve diplomas in health and social care, at least to level two, with some achieving higher levels.

The provider had enabled further staff training to meet the specific needs of the people they supported, including diabetes and dementia awareness. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. Records demonstrated that managers and senior staff had completed management courses relevant to their roles and responsibilities.

People's ability to make decisions was assessed in line with the MCA. The 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.

The provider had policies and procedures providing staff with clear guidance about how to support people who were not able to make decisions about their care or support, to ensure their human rights were protected. Staff followed these by consulting with relatives and healthcare professionals and documenting decisions taken, including why they were in the person's best interests. For example, where decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health were to deteriorate. The registered manager effectively operated a process of mental capacity assessment and best interest decisions, which protected their human rights.

The provider had completed a recent review of previous decisions made in relation to individuals who were being supported with potentially restrictive equipment, such as bed rails and pressure mats. Records demonstrated that several people had bedrails removed due to the provider's best interest decisions process. Best interest decisions made in respect of the use of restrictive equipment promoted people's safety and welfare when necessary.

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. 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 were being met. We found the provider was following the necessary requirements. Deprivation of Liberty Safeguards applications had been made to the supervisory body with the relevant authority for 24 people using the service. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and Deprivation of Liberty Safeguards. They were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and reflected the least restrictive option.

People had undergone an assessment which documented how they communicated their choices, how to involve them in decisions, and the people to consult about decisions made in their best interests. We observed staff seeking consent from people using simple questions and giving them time to respond. Daily records of care showed that where people declined care this was respected. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

Most people and relatives told us the food was good, being both nutritious and appetising. Some people told us that whilst the food was good it was not excellent as it had been under the previous 'Italian Chef' who had recently left. One person told us, "The food is first class. The menu is quite simple with traditional favourites, which I prefer." Another person old us, "I still enjoy the food here but miss some of the different meals that (previous chef) used to make." A third person excitedly told us, "I usually have cereal or toast for breakfast but this morning I'm treating myself to a fry up."

People's nutritional and hydration requirements were assessed and there was guidance for staff about how to support people appropriately to eat and drink enough. Staff had received training in relation to managing the risks of malnutrition and dehydration. We observed staff follow nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists. The chefs were involved in ensuring people received suitable foods of the correct consistency to reduce the risk of choking. Information about people's nutritional needs was on display in the kitchen.

Where people were identified at risk of malnutrition or dehydration, staff monitored their daily intake of food and fluids. Where required people's weight was monitored to ensure that any fluctuation which could indicate a change in their needs were identified and acted upon promptly. Reduced sugar alternatives and sweeteners were available for people living with diabetes. We observed catering staff prepare texture-modified food and drinks from their experience and knowledge of the person, in accordance with their identified nutritional needs, for example; pureed food or food of a soft consistency.

Staff were able to tell us about people's likes and dislikes. People had a choice of meals and were offered alternatives like omelettes if they did not want any of the main meals on offer. We observed examples of good practice in between mealtimes, where staff patiently supported people with drinking fluids. Staff were seen to seat themselves at the same level as the person and support people appropriately at their pace without rushing them. The inspection took place during a heat wave and there were highly visible 'Beat the Heat' posters displayed in all areas of the home providing people and staff with appropriate guidance to keep well hydrated. We observed extra cold drinks being offered and supplied by staff, together with iced lollies for those who wished to have one.

The registered manager had developed good links with local health and social care services. The Specialist Community Nurse for Care Homes visited the home routinely to review any falls, infection and nutrition concerns to ensure action taken was in line with current best practice. The Community Nurse for Care Homes told us the registered manager had listened to their advice and implemented their guidance effectively. The registered manager also effectively engaged with the ambulance service and documents demonstrated the number of calls made had been significantly reduced. A representative from the ambulance service confirmed that the new system of designating a specific nurse as the point of contact had improved the provision of required information when ambulance staff attended.

Where people had complex and continued health needs, the registered manager always sought to improve their care, treatment and support by identifying and implementing best practice. The service worked with healthcare professionals to ensure people's additional or changing needs were supported. District nurses visited the home when needed to dress wounds and provided staff with specialist training, for example; supporting people with their catheter and stoma care.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists whenever they needed them. People, relatives and healthcare professionals told us the registered manager made prompt referrals when healthcare support was required when people's health deteriorated.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People were supported in their day to day care by staff who were kind and gentle. People told us they were happy living at Pemberley House, which was their home. People consistently told us that since the provider took over the service staff had more time to stop and have meaningful conversations with them. One person told us, "They (staff) are all so kind and caring. It brightens my day whole day when they stop for a chat." Another person told us, "The biggest improvement since the new company took over is that all the staff have more time to care for you and don't have to keep rushing off." A third person told us, "All the staff now have a smile on their face and are happy to do anything to make you feel better." Another common theme from conversations with people and their families was the attentive caring nature of the staff now made people feel their wellbeing mattered to them.

The registered manager had cultivated a family atmosphere in the home where people, relatives and staff shared a mutual respect and affection. Relatives consistently praised the registered manager, deputy manager, clinical lead and staff for creating such a homely environment for people to live in. When asked what made the staff 'special' one person told us, "It's just how they make me feel. They make such a fuss of me."

The provider recognised that moving into the home could be a traumatic experience and very unsettling for new people. People and relatives told us the management team went out of their way to make people feel welcome before they received any care from the home, particularly the customer service manager and the home administrator. One family member told us they were invited to visit at any time as often as they wished to ensure they were happy with the quality of care being provided. The customer services manager had created effective family liaison with people new to the home and people considering moving there and their families. A health and social care professional told us the management had developed an effective network with partner agencies, including hospital discharge planners.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this, for example; staff came in on rest days to ensure external outings, which people had looked forward to, went ahead and were not cancelled due to a lack of staff to meet people's needs. One person told us, "Staff go out of their way to make our lives more fulfilled, especially the new activities staff. They come in in their own time to do things and take us to things."

People, relatives and health and social care professionals told us the provider had made significant improvements to the opportunities people had to experience different stimulating activities. People were supported to follow their interests and hobbies for example; gardening and various arts and crafts. People consistently told us the ACO was the driving force behind this improvement, supported by two assistants and four volunteers. One person told us, "He's (the ACO) such a livewire and you can't help but feeling happy when he's about. He's so infectious." Another person told us, "The activities are really good now but what he's really good at is getting people together to build friendships with other people living here." A third person told us, "Mental stimulation was almost non-existent with (the previous provider) but now it has

improved. There's a lot more to do."

A family member told us the activities team were always talking to them and their loved ones to identify new ideas for activities they would enjoy. The ACO was aware that whilst most people had regular visitors some people had fewer opportunities so they had focused on developing friendships between the people living within the home.

Staff told us they enjoyed working at Pemberley House and were committed to providing high quality care for people living there. One member of staff told us, "I used to dread coming in because there weren't enough staff and so much agency. Now I can't wait because I'm allowed to care properly and feel I am making such a difference." An experienced member of staff told us, "I have worked here since Pemberley first opened and seen many managers and different companies come and go but this is the best it's ever been. You only have to look at how happy people and the care staff are together."

People and relatives told us that staff were committed to providing people with information and explanations they understood at the time they needed them, especially when circumstances were likely to emotionally upset them. We observed one person who was living with dementia and was displaying behaviour which may challenge others due to their anxieties. A member of staff promptly intervened in a sensitive manner, which reassured the person and other people nearby who had become worried. We observed another person who was disorientated after sleeping in a chair. Staff immediately provided gentle reassurance, which eased the person's anxieties and improved their wellbeing. We observed staff were attentive to people, particularly if they were alone, and regularly checked whether they required any support. One person told us, "It always cheers me up when they come and have a chat and ask me if I need anything." We observed staff engage with people offering different things to do or engaging in meaningful conversations about what they were doing for example, when they were reading or doing crosswords."

Throughout the inspection we observed and heard staff providing reassuring information and explanations to people whilst delivering their care. When people were being supported to move staff engaged in day to day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress to maintain their personal dignity. Staff always knocked and asked for permission before entering people's rooms. People said staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

Staff took their time with people and did not rush or hurry them. People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. People responded to staff with smiles or by touching them, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.

Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques such as kneeling in front of a visually impaired person, to ensure they were face to face to establish good eye contact.

Staff knew people's life stories, their interests and likes and dislikes which enabled staff to engage in conversations about topics other than the person's support needs. Staff understood their responsibilities in relation to equality and diversity and were able to explain how they ensured people had their different religious and cultural customs and values respected, such as being supported to practice their individual faith.

People and, where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. One person told us, "Yes I have a plan which the nurses go through with me regularly. I don't always look at it but I know I can if I want." A family member told us, "I know they're transferring all of the care plans onto the new company's. They are much clearer and easier to understand." Another relative told us, "The managers are very approachable and keen to get us (families) involved. The head nurse is always around if you have any queries."

We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

We observed staff consistently promote people's independence, for example; by encouraging them to walk whenever possible rather than using a wheelchair. We observed staff supporting people to mobilise out of chairs and encouraging people to stand by themselves whilst providing gentle support and reassurance.

Care records included details of the person's circle of support which identified people who were important to them. People and families confirmed that staff supported them to remain in contact. People were supported to maintain friendships and relationships that were important to them.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records in order to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the home, including those held on computer, were kept securely to ensure they were only accessible by those authorised to view them.

People were supported at the end of their life to have a comfortable, dignified and pain free death. At the time of inspection nobody was receiving end of life care. We reviewed two thank you cards from relatives praising the quality and compassion shown by staff to their loved one prior to their passing. During the inspection we spoke with a recently bereaved relative who had come in personally to thank all of the staff, including eight who attended the funeral. This relative told us the care provided at this time for their loved one was excellent. The management team had identified the person's favourite staff members and had created an individual rota to ensure the person was supported by one of these staff at all times. The person also told us how the deputy manager had been an invaluable source of comfort supporting them to complete necessary funeral arrangements.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People had an initial assessment of the care they required to enable the provider to assure themselves that they could meet the person's care needs. Once people's initial assessment had been completed this information was shared with staff who were allocated time to review new care plans. This ensured that staff were informed of the needs of new people.

At the time of inspection the provider was in the process of updating all of the care plans and converting them to their system, to make them more person centred. Care plans we reviewed reflected how people would like to receive their care and treatment, and included all the information staff would require to know how to meet people's needs, for example; Care plans of people who lived with diabetes informed staff about how to recognise if their blood glucose levels became dangerously low or high and the action they needed to take to ensure the person's safety.

People, and where appropriate, their relatives were pleased that they were able to stipulate their needs and preferences and influence their care plan. The provider was committed to the principle of placing the person at the centre of their care planning and the support manager provided training for relatives in this respect. One relative told us they appreciated the time and effort the management team had invested in encouraging their participation in their family member's care planning.

People and their families told us they felt the staff were flexible and responsive to their needs, for example; in relation to their morning and night time routines. People chose what time they wished to go to bed and get up. One person told us, "Sometimes I just like to stay up a bit later and watch TV and sometimes I get a little tired if I've been doing things like the zumba and just want a nap. But it's up to me." Another person told us, "Usually I like to get up early but sometimes I like to have a lie-in and a cup of tea in bed. The carers are always very kind and it's always up to me."

The activities co-ordinator and staff organised a diverse range of activities for people including: art, craft, music, games, films, outings, exercises and gardening. People were encouraged and supported to participate in a broad range of activities on a daily basis. In addition staff provided one to one sessions for those who could not or did not want to join in group activities.

People experienced personalised care and support from staff who were responsive to people's individual needs and preferences lives which enhanced their wellbeing. People and relatives consistently told us the activities team were dedicated to finding creative ways to enable people to live as full a life as possible, for example; people enthused about the 'Pemberley Choir' and 'Zumbacise'. One person told us, "We might not win many competitons for the sound but win hands down for fun." Another person told us how they had so much fun doing the Zumbacise with (the ACO) they did not realise the significant effect it was having on their mobility.

People told us they were supported to follow their interests and take part in stimulating social activities. One

person told us, "(The ACO) goes out of their way to get everyone involved. There are now lots of clubs to go to where you meet friends and keep in touch." One relative told us "There is a lot more energy and imagination being used to fill people's lives with meaning and fun." Another person told us how they enjoyed being able to get together at "The Gentleman's Club" and enjoyed going out on group outings with friends. A third person told us, "I like talking to staff, especially the young man who does activities. He wants to know everything about us so he can he keep us busy. He is so entertaining and he has got us all doing so much more."

People's relatives told us they were always welcomed into the service and encouraged to visit at any time as often as possible to maintain their loved one's emotional wellbeing and prevent them from the risk of feeling socially isolated. One relative told us, "There is a much better feel to the home now. My (loved one) can't really join in many of the things going on but it's just the feel good factor. "

One relative told us, "All the staff are so welcoming and you can visit whenever you want." People consistently told us that the activities staff had supported them to develop new friendships within the home. People were supported and encouraged to maintain and develop relationships that were important to them.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand and respected that some people needed more time to respond. Staff spoke in plain English and where necessary repeated messages to assure people understood what was being said. Throughout the inspection we observed staff positively interacting with people in ways that met their needs.

The operations manager and support manager visited the service several times each week and this provided people with an opportunity to give their views about the service and make suggestions for improvements. Moving forward the registered manager demonstrated the provider's processes for seeking feedback in various ways, including service user surveys, questionnaires and staff surveys.

The provider held monthly residents meetings where they sought feedback from people, their families and friends, where they took account of people's views and took action to meet people's needs. For example, the provider had immediately addressed the recognised lack of staff and had arranged for all unsuitable furniture to be replaced.

People and relatives told us the monthly meetings had always been a good forum to air their concerns and grievances but the previous provider had failed to address the issues raised. One relative told us, "They (the provider) have made a good start by listening to us and doing something to put things right. It's early days but it looks promising." Similar comments were consistently made by people and their families.

Care plans and related risk assessments were reviewed monthly and more frequently when required to ensure they reflected people's changing needs. People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. Staff were able to describe the care and support required by each person. Handover meetings were held at the start of every shift which provided the opportunity for the management team and staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. Relatives told us the management team made a point of speaking with them when they visited to make sure their loved one was happy and whether

there was anything they could do improve their quality of life.

Staff were aware of the provider's complaints policy but consistently told us the registered manager encouraged them to use their initiative and proactively resolve problems as soon as they were raised to prevent them escalating.

The registered manager valued concerns and complaints as an opportunity for driving improvement within the home. The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was available in a format suitable for people's needs. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman.

The home had received four complaints since May 2017, which had all been managed effectively in accordance with the provider's policy and procedures. We reviewed these complaints which had been resolved to the satisfaction of the complainant. Where complaints identified areas of required learning and improvement the registered manager had taken positive action, for example; reviewing the support processes implemented when people were required to visit other services. One complaint reviewed involved unexplained damage to a person's property. Although there was no evidence to suggest their liability the provider arranged to have the property repaired.

Good

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led and had made significant improvements in all areas of care delivery. One person said "Things are much better now. Before the new company and managers came in it was chaos. The managers and head nurse have done a great job." Another person told us, "Before, everything was so disorganised and the carers didn't know if they were coming or going…Now the manager and head nurse have got a grip and provide good leadership." A third person told us, "The home is steadily improving every day. The staff are much happier which shows in their care. The head nurse is very switched on and sets a great example."

Health and social care professionals told us the home had made significant improvements under the leadership of the provider and registered manager. One social care professional told us "The new management team have taken advice on board and there is a different feel to the home. The managers and senior nurses all know what is going on and are proactive responding to people's changing needs."

A healthcare professional told us, "Whenever you visit now there is welcome, friendly atmosphere. There is a designated nurse who is the point of contact so there is always somebody who knows exactly what is happening."

At the time of inspection the home was organised into four household units on two floors; Holiday, Poolside, Hampshire and Austen. Each of these units was staffed independently and had its own lounge and dining areas, which provided people with a sense of community and homeliness. There was a third floor which the registered manager told us they would not reopen until they had effectively organised the households on the first two floors.

Each household was designed to meet the needs of the people living in them. For example, each person had a glass fronted memory case on the wall, which contained photos and objects of reference to help to make them feel at home and at ease. The previous provider had given little consideration when allocating people rooms to ensure those with similar needs were matched to staff with the required skills to meet them. The provider was in the process of devising a succession plan to ensure wherever possible that people with similar needs were situated in rooms where the required expertise would always be available and in close proximity.

People and relatives told us the provider and staff were always approachable and knew what was happening. We observed the management team providing one to one support for people regularly during the inspection. The clinical lead told us they often worked alongside staff which enabled them to build positive relationships with people and staff, which records confirmed. The clinical lead told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the management team had created a transparent culture within the home, where people and staff felt safe and confident to express their views. Staff told us their ideas and views were discussed and taken seriously, which made them feel their contributions were valued. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and

choices.

People and staff told us told us they were fully supported by the registered manager and management team whenever they raised concerns. We spoke with two members of staff who had raised sensitive issues with the registered manager. They told us they had been well supported by the registered manager who dealt with the issues promptly, in a discreet and tactful manner.

There was a clear management structure, which consisted of a registered manager, deputy manager, clinical lead (nurse manager), head chef, head administration advisor, customer service manager, head of housekeeping, maintenance manager and senior care staff. The management team was supported by an operations director and support manager who were visiting several times per week at the time of inspection to support the registered manager to embed and sustain recent improvements. Staff received clear and direct leadership.

Staff understood their individual role and responsibilities and those of each person within the home. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. For example, during the daily management meeting the head of housekeeping sought permission to leave the fire door in the laundry open, due to the oppressive temperature caused by the heatwave and the machines. The registered manager declined this request to ensure compliance with the fire regulations whilst providing clear guidance and action to be taken immediately to ensure the welfare of staff, for example; promptly obtaining a temporary air conditioning unit for the laundry, provision of regular drinks to laundry staff by the catering team and regular hydration breaks to be rostered for laundry staff. The registered manager also undertook to resolve this issue and to find a more permanent solution.

Staff told us that continuity and consistency of the care provided under the previous provider had deteriorated because of their insistence on rotating staff between five different units, including the third floor. Staff told us wherever possible they now supported people consistently in the same household, on the same floor. People and families told us the decision to allocate staff to the same households had improved relationships between people and staff. This meant that people consistently received care and support from staff who knew them and their needs really well.

A consistent theme throughout conversations with staff related to feelings of despair and despondency due to previously inadequate staffing levels. One member of staff told us the provider had improved staff morale instantly by increasing staffing levels when they took over the home. Staff consistently told us there was a totally different management ethos with the current provider, who was willing to listen to them and take action in relation to their concerns.

Staff told us the new management style had led to the improvement in the home's recruitment and retention of staff, which had led to the decreased reliance on agency staff. Staff rosters demonstrated the increased levels in accordance with the registered manager's staffing needs analysis. People, relatives and health and social care professionals consistently told us the increased staffing levels had improved staff response times and afforded staff more time to engage meaningfully with people. One person told us, "There are more staff which means carers can just stop and have time to spend with you. Like (named staff), she's lovely and treats me like her grandmother." During the inspection we saw good teamwork where staff mutually supported one another, for example; covering colleagues responsibilities whilst they were engaged in meaningful activity with a particular person.

The management team spoke with passion about the provider's ethos of delivering the highest quality of care for people and peace of mind for their families. The registered manager explained how were focused on

people's well-being and ensured individuals experienced an overall sense of happiness and satisfaction with their lives. Staff were able to demonstrate a clear understanding of the provider's values, which we observed being delivered in practice whilst supporting people in their day to day lives. One relative told us, "The standard of nursing has definitely improved because the head nurse and nurses know what they are doing but the emphasis has also changed to making sure people are happy."

The provider sought feedback to improve the home from a variety of different methods. People and their families told us they were given the opportunity to provide feedback about the culture and development of the home in residents meetings. People and their relatives told us they had been impressed with the provider's willingness to listen to their concerns and how quickly they acted upon them, which was demonstrated in their response to complaints. For example, one day several people had complained about the uncaring attitude of an agency nurse. The registered manager immediately contacted the agency to inform them and ensure this nurse was not sent again.

The provider had suitable arrangements in place to support the registered manager, for example through regular meetings, which also formed part of their quality assurance process. The registered manager told us they had received excellent support from the operations manager and support manager since May 2017 and throughout the transition process.

The deputy manager told us the provider's ethos also identified that when staff became fully involved delivering person centred care, it was normal for them to develop emotional bonds with people. Some staff told us how they had been compassionately supported by the management to attend one person's funeral, which acknowledged the provider's awareness that staff may also grieve when a person passed away.

Accidents and incidents were logged and reviewed by the provider as well as the registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The maintenance manager carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. The provider also employed an external contractor and health and safety auditor to complete independent surveys. The maintenance manager had highlighted that the various service contracts being managed externally were nearing their expiry dates which had been notified to the provider.

The management team shared the responsibilities for specific areas of quality assurance and they carried out regular audits which included infection control, the cleanliness of the home, medicine management, fire safety, wound management, people's weight loss, accidents and injuries.

There was also a comprehensive system of audits in place to ensure full safety checks were made, for example; the maintenance manager completed checks of water temperatures for all outlets.
In addition to formally recorded audits the registered manager and clinical lead carried out an informal inspection of the home during a daily walk through. The registered manager told us this allowed them to meet people face to face regularly and gave them an opportunity to raise issues.

The registered manager understood their responsibilities in respect of their duty of candour and the need to notify the Care Quality Commission (CQC) of significant events, in accordance with the requirements of the

provider's registration. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. We reviewed an incident where the provider had apologised to a person and their relatives, in accordance with the 'duty of candour' and had implemented the necessary learning to prevent a future occurrence.

The home worked effectively in partnership with other organisations. This ensured that staff were trained to follow best practice and, where possible, contribute to the development of best practice. For example, the registered manager and clinical lead engaged in regular integrated care team meetings with the community matron, specialist nurses, end of life care specialists and the local ambulance service to share and improve best practice. Healthcare professionals told us the registered manager, clinical lead and staff were knowledgeable about the people they supported and worked well together to ensure they received effective care.