

## Pembroke Care (Reading) Limited

# Pembroke Lodge

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Pembroke Lodge is a residential care home, providing accommodation and personal care to 13 people. The home is registered to provide a service to a maximum of 20 people, who can reside in both single and double occupancy rooms. The service operates as part of a wider service offered by the provider, that includes both supported living and domiciliary care services. Located within close proximity of Reading town centre, the service is able to access a number of amenities accessible by public transport and by the "buggy" owned by the service.

### People's experience of using this service:

We found some very positive examples of the difference staff had made to people's lives, specifically in ensuring care was delivered safely and effectively in line with people's needs and desires. However, the service did not ensure documentation was updated to reflect people's needs.

Staff had received all mandatory training, however refresher courses had not always been completed. We made a recommendation regarding the effectiveness of audit systems specifically in relation to care and training. This meant we rated Well-Led as Requires Improvement on this inspection.

People told us they felt safe living at the service. We heard examples of how the service embraced and promoted people and staff's equality and diversity. The caring and compassionate relationship between people and staff was evident in communication observed, and feedback provided by people.

The outcomes for people using the service reflected their specific needs. People's support focused on them having as many opportunities as possible for them to retain existing skills and independence. Care was person-centred and people were supported to do things they enjoyed, as well as encouraged to learn and try new things. Activities were promoted and access to the community encouraged. People's health needs were met, with appointments made with health professionals as and when required. Meals were prepared in line with people's specific health needs with alternatives made available from the menu.

Management led the inclusive, caring and compassionate culture of the service with clear dedication and were well respected by people and staff. We were told that management ensured sufficient staff were available to meet people's needs, covering shifts to ensure consistency in care is provided. Staff felt well supported and believed everyone worked to provide a good service for people. People and staff were involved in the design and delivery of care.

### Rating at last inspection:

At the last inspection, with the report published in December 2016, the service was rated Good.

### Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to ensure the service had sustained its Good rating.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications with the provider, local authority and safeguarding team.

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

## 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Pembroke Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was completed by one inspector.

#### Service and service type:

Pembroke Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection:

The inspection took place on 27 March and 2 April 2019. The first day of inspection was unannounced, with the second day announced to the provider.

#### What we did:

##### Before the inspection

We reviewed notifications received from the service. Notifications are sent to the Commission by the provider in line with their legal obligations. We further looked at information the provider had sent us about

the service in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with the local authority seeking feedback about the service.

#### During the inspection

We looked at five people's care files. This included their initial assessments, care plans, risk assessments, daily records and medicine records. We further checked audits and quality assurance reports, incident and accident records, recruitment records for five recently recruited staff, supervision records and training information. We walked around the services and observed care people received at various times. We completed a Short Observational Framework Inspection (SOFI) during a lunchtime serving. The SOFI helps us to understand through observations people's experience. In addition, we spoke with six people who used the service, two relatives and a visiting professional.

We spoke to a number of staff during the inspection, and had more in-depth conversations with seven staff members. These included the deputy managers, care manager, office manager, team leader, shift leader and care staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- One person told us, "I have nothing to worry about here, I am safer here than I was at home."
- Staff were able to advise of safeguarding responsibilities and procedures. There had been very few incidents that required reporting. The local authority reported being confident that the service would correctly alert them in the event of a safeguarding concern?.
- Staff had confidence in management to address any concerns. Staff told us they were confident to 'whistle-blow' if the need arose, and were able to advise of possible agencies such as the local authority or CQC.

Assessing risk, safety monitoring and management

- Care plans and risk assessments related to people's behaviours or health had not always been reviewed or updated as required. We considered this under the question whether the service was well-led.
- Regular safety and maintenance checks in relation to the environment and equipment people used were completed as required.
- Where changes and risks to the environment were noted, changes were made within an appropriate timeframe.

Staffing and recruitment

- People were supported by consistent staff. There was a low staff, which ensured people were cared for by staff who knew them well. People and their relatives felt there were sufficient staff to meet people's needs.
- The service did not use agency staff, choosing to cover shifts internally. The management, where required helped cover staff shortage.
- Robust recruitment checks were followed. These helped to ensure new staff were suitable to work with people.

Using medicines safely

- People were supported with their medicines by staff who had been trained, competency assessed and spot checked to ensure they were managing medicines safely.
- People told us they received their medicines on time and were happy with the way staff supported them with this.
- The management of people's medicines was safe and effective. Medicines were retained in secure cabinets, with any controlled drugs additionally secured. Where people wished to remain as independent as possible with their medicines, risks were measured, and staff offered additional supervisory support.

Preventing and controlling infection

- The service was well presented and clean.

- Cleaning equipment used was colour coded for different areas to prevent cross contamination.
- The kitchen was scored 5 out of 5 by the Food Standards Agency. This means the service's hygiene standards were very good.

#### Learning lessons when things go wrong

- Trends and analysis were monitored of any accidents or incidents, to prevent similar occurrences.
- Where possible measures were put into place in an attempt to minimise or mitigate similar risks.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Management had developed a clear focus on achieving good outcomes for people. The company's "principles of good care" were presented throughout communal areas for staff and people to read.
- People and their relatives reported initial assessments were completed upon admission. People's needs and aspirations were recorded. Staff strived to enable people to retain as much independence as possible.
- We observed staff support a person with their meal. Encouragement was used to enable the person to complete this independently. Mirroring was used as an effective technique, with the person "mirroring" staff.
- People were enabled to see health professionals when they needed to.
- The service worked effectively in partnership with other professionals to support people's health and wellbeing. This included working with a variety of health professionals to support people to prevent hospital admissions.
- During our inspection a visiting professional spoke with us. We were told that the service was, "very, very accommodating, staff are responsive to people's [medical and health] needs and follow advice that's given."
- People were encouraged to be active and live a healthier life. This included meals prepared in a healthier way, people being encouraged to partake in physical activities with an external visitor and go for walks in the grounds.
- Information was made available to people in formats they could easily access and understand. This included information presented in bold or larger text, language easy for the person to understand or picture format.

Staff support: induction, training, skills and experience

- Staff spoke positively about management. They felt well supported and received regular informal supervision. Staff and management acknowledged this process was not always formally documented.
- Staff induction was in line with the Care Certificate, a recognised set of standards for staff working in health and social care.
- Staff completed mandatory training as set out by the provider. It was noted that some of the training required refreshing and had not been booked.
- The provider had supplementary training in place for staff to learn about conditions people they supported lived with. Completion of all training needed to be improved. Management confirmed this was an area for development. We considered this under the question whether the service was well-led.

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

- Food was prepared using local produce purchased to meet people's health needs and preferences. Menus

were developed in line with people's dietary requirements, offering a balance of nutritious food.

- People told us, "The food is lovely here, they are always feeding us." Another person said, "If you don't like something, the chef will whip you up something else."
- We observed this during the inspection. One person was offered food that was not on the menu to encourage them to eat.

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

- People's rooms were decorated to their personal choice. Items were brought in from people's homes to make them comfortable and retain personal items of importance. This included furniture, artwork and photographs.
- Bathrooms had been adapted to meet people's changing physical needs. Stair lifts and a lift enabled people to access various floors independently.
- The extensive gardens had been adapted to meet the needs of people with developing dementia. Advice had been sought from specialists in this area, with local people assisting with the works. People said, "The garden is wonderful. There is so much to do". Another person reported, "I love going for a walk in the garden when the weather is warm."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff sought people's consent and supported their decision-making.
- Appropriate assessments and applications to deprive people of their liberty had been completed. Management had followed conditions of authorisations by the local authority and requested reviews where and when appropriate.
- Where appropriate, the service had made decisions together with families or social workers, in people's best interest, while involving the person as much as possible.
- Staff were able to advise and provide examples of where best interest decisions would be made, and how the principles of the MCA are applied.

# 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

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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with kindness and respect.
- People commented, "Staff are good," and "We couldn't be looked after any better".
- One person said, "I'm very happy here, very lucky."
- Staff were able to describe how people's confidentiality was maintained. We observed staff speak to people discreetly, maintaining their confidentiality. For example, when a person needed to be assisted with personal care, they were gently spoken with, and discreetly assisted. This also ensured the person's dignity was maintained.
- Staff were observed to be kind, considerate and approachable. People and relatives confirmed this.
- We observed management leading this culture, in the way they sensitively and compassionately offered support to people.
- Interaction between staff and people clearly illustrated that they knew people well. People's preferences were known, specifically in relation to food and drink, with activities (for example, newspapers and magazines) provided when people entered the communal lounge.
- When people were noticeably upset needing support, staff provided this with patience and understanding.
- Staff had sensitively supported people with changing relationships, as well as the understanding of sometimes difficult situations, specifically as people moved into the home.
- Personal records about people were securely maintained using a paperless system. Electronically handheld devices used by staff ensured that information was on a need to know basis only. All systems were backed up to ensure records were securely maintained.

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

- People were involved, as far as possible in the planning of and decisions over their care.
- Staff discussed people's care with them, however records were not maintained on this being agreed, although people verbally confirmed this during the inspection. We considered some improvement needs to record-keeping regarding this under the question whether the service was well-led.
- When people needed someone to speak up on their behalf, the service signposted them to independent advocates.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support were responsive to their specific needs. Most people had a variety of individual care plans in place to underpin this. These included plans detailing: communication, mobility, continence, daily living skills, mental health needs and lifestyle choices.

- Some people's care plans contained insufficient documented information. However, it was evident that staff knew how to support people. We considered this specifically under the question whether the service was well-led.

- Care plans were retained on handheld devices that staff accessed as and when care was delivered.

Information on how support was provided, was further updated on the handheld device. Information was then pulled through into the person's daily records and securely maintained electronically.

- People were supported to follow their interests and encouraged to try something new, to promote their quality of life. This included introduction of activities that people may not have engaged in.

- People were supported to maintain important relationships with others within and outside of the service. Wi-Fi was available at the service for people to use.

- People had been on day trips and enjoyed accessing the local community with staff support.

- People were further encouraged to spend quality time with family and friends both in and away from the service. Where staff support was required with this, it was provided.

- One person told us when asked about staff responsiveness, "I don't know what to say to make you realise this is the best place there is." They went on to state, "Staff know us and provide activities that we enjoy. We aren't pushed to do things we don't want to."

Improving care quality in response to complaints or concerns

- People felt that they were listened to by staff. We heard examples of how the service had responded supportively when things were not going well for people. Measures were immediately put into place to ensure people were confident their concerns were heard and appropriate action would be taken.

- People knew how to make a complaint but told us they had had no reason to. One person said, "Not that I would have any reason to complain, but I am assured that should I speak with staff, all matters would be resolved immediately." There were no recent recorded complaints.

- The complaints procedure was made available to people and discussed during meetings.

End of life care and support

- At the time of our inspection, none of the people living at the service were receiving care at the end of their life. However, people had an 'end of life' care plan in place that detailed their wishes and spiritual needs.

# 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

Leaders and the culture they created supported the delivery of good quality, person-centred care. However, documenting and learning aspects underpinning safe and consistent care needed to be improved.

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

- We found that governance specifically in relation to care documentation and training had not been completed to ensure this was kept up to date.
- Care plans and risk assessments were not always revised as required, although staff were able to accurately describe how to provide care and manage risk.
- People confirmed that care was received in line with their wishes. However, management recognised that documentation required reviewing and updating regularly.
- Similarly training had not been refreshed in line with expiry dates. Whilst management had sent staff information on courses that required refreshing and provided log in details to e-learning. They had not assured themselves that staff had completed the training within the timescales required.
- This was discussed with the management during the first day of inspection. By day two, appropriate measures had been implemented to rectify the concerns. Reviews of care plans had commenced. The office manager was allocated time per week to specifically review all care related records, and ensure these were reflective of people's changing needs.
- Staff were allocated time to complete training and provided a deadline for when courses were to be completed by.
- We discussed with management that some aspects of record-keeping needed to be improved. This was to ensure people's records and their involvement in care planning were kept up-to-date, as not all records stated when they had been completed.

We recommend that the service review the effectiveness of their governance systems specifically in relation to documentation and training.

- There was a variety of other audits to improve the quality of the service. These had been completed and acted upon effectively.
- The registered manager had notified CQC of specific events in line with their legal obligations.
- Ratings from our last inspection were prominently displayed within the service and on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service embraced and promoted people's equality and diversity. We heard a variety of examples to

evidence this and saw personalisation of care based on people's diverse needs.

- The management ensured that the principles of equality were applied to staff also. People and staff's religious, cultural and sexuality was respected, and measures employed to preserve right and choice.
- Pembroke Lodge, a family run business, had a long-standing registered manager in post, who along with the management team led the service's clearly person-centred, warm and caring culture.
- People and the staff team praised and respected the management team speaking very highly of their commitment. One staff reported, "They are always here, on weekends also. They chip in with all work. They lead by example."
- Staff repeatedly described how supportive the management team were of people using the service and staff working at the service. Where staff wished to further their skills and professional qualifications, this was promoted and assistance provided.
- One staff member said, "They [management team] treat us like family, they are so supportive. They are always here for us and for the residents."
- People and staff were involved in how the service developed both aesthetically and in care. Regular handovers and communication through email kept staff updated, and sought ideas for improvement.
- Annual Quality Assurance Audits (AQAA) sent out to people and relatives requested feedback on how the service could improve.
- Action plans were generated with realistic timescales illustrating when modifications could be achieved. We noted the communal lounge, dining area and conservatory had undergone refurbishment. This was noted as an action in the last AQAA.

#### Working in partnership with others

- The management attended network meetings with other registered managers and the local authority. This helped them to learn about and share best practice.
- We saw evidence of good partnership working with stakeholders, such as social workers and commissioners.
- The service worked with local colleges and universities enabling students to voluntarily work at the service and gain experience in social health.
- Local schools visited the service and provided a "buddy system", whereby people from the home spent time with young children sharing experiences. People spoke positively of this.