Four Seasons Homes No.4 Limited

Pellon Care Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 7 and 8 December 2017. The first day was unannounced; the second day was announced.

At our last inspection on 16 and 18 May 2017 we rated the service 'Inadequate' and the service was placed in 'Special Measures'. We identified seven breaches which related to staffing, safe care and treatment, nutrition, person-centred care, dignity and respect, consent and good governance.

Pellon Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Pellon Care Centre accommodates up to 100 people across three separate units, each of which have separate adapted facilities. Brackenbed unit provides nursing intermediate care for up to 35 people and Pellon Manor provides personal care for up to 35 people. A third unit, Birkshall Mews, which accommodated up to 30 people, has closed since the last inspection. There were 63 people using the service when we inspected.

The manager who was in post at the previous inspection has left. A new manager is in post who has applied for registration with the CQC. We have referred to this manager as the home manager throughout the report. A registered manager is a person who has registered with the CQC 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.

We saw there were enough staff to meet people's needs and this was confirmed in our discussions with people, staff and relatives. However, two people raised concerns about night staffing levels on Brackenbed unit and the time they had to get up in the morning. The home manager told us they would look into this matter.

Safe recruitment processes helped to ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

Medicines were managed safely and people received their medicines when they needed them. Risks were generally well managed, although we saw two instances where staff assisted people using inappropriate moving and handling practices. This was addressed by the home manager straightaway. The home was clean and staff followed safe infection control practices.

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

Staff understood safeguarding procedures and how to report any concerns. Accidents and incidents were

analysed monthly by the home manager and lessons learnt shared with staff.

Staff supported people to access healthcare services. People were involved in planning their care and support which was delivered to meet their needs and preferences. There were systems in place to manage complaints.

We saw the quality, quantity and choice of food had improved significantly and people told us how much they enjoyed their meals.

People and relatives praised the staff who they described as lovely, kind and caring, which was what we observed during the inspection. Staff clearly knew people well and took every opportunity to engage with them.

Activity staff organised a range of activities and events both in the home and local community, however these occurred predominately on Pellon Manor. There were plans in place to increase activity provision on Brackenbed unit.

The management team had worked hard to make improvements and addressed all the regulatory breaches identified at the last inspection. Effective quality audit systems were in place. We found an open, inclusive culture and saw the home manager and unit managers worked well together and were committed to improving the service. Staff and relatives said the management team were visible, approachable, open and listened and acted on any issues they raised.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were managed safely, although fridge temperatures were not always in the safe range. Staffing levels were sufficient to meet people's needs, although two people reported having to get up early. Staff recruitment processes were robust.

Risks were generally well managed although we saw two instances of inappropriate moving and handling. Safeguarding incidents were recognised, dealt with and reported appropriately. Safe infection control systems were in place.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

People's privacy, dignity and rights were respected and maintained by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were person-centred, reflected people's current needs and were up to date. People's end of life care was discussed and planned with them.

A range of activities and events were provided for people on one of the units, however there was a lack of activities on the other unit.

Systems were in place to record, investigate and respond to complaints.

Is the service well-led?

The service was not always well-led.

The management and leadership of the service had improved. The manager had applied for registration with CQC.

Previous regulatory breaches had been met and auditing systems ensured the quality of the service continued to be assessed, monitored and improved. However, the improvements need to be sustained before we can conclude the service is well-led.

Care Quality Commission

Pellon Care Centre

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 checked 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 7 and 8 December 2017. The first day was unannounced; the second day was announced. On the first day the inspection was carried out by three inspectors and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one inspector and a pharmacy inspector attended.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams, the clinical commissioning group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. 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 observed how care and support was provided to people. We spoke with 11 people who were using the service, 10 relatives, two senior care staff, five care staff, four staff from the intermediate care team, the housekeeper, the chef, the care home assistant practitioner, both unit managers, the home manager and the managing director.

We looked at seven people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

At our previous two inspections we found there were not enough staff to meet people's needs, risks were not consistently assessed and mitigated and medicines management was unsafe. At this inspection we found improvements had been made in all three areas.

We looked at 14 people's medication administration records (MARs). We also looked at eight cream charts and the extra information (protocols) for seven people who were prescribed a medicine to be taken only 'when required'. We found, with one exception, medicines use was documented well and records were complete. The records on cream charts showed that people's skin was cared for properly. The home's staff carried out regular medicines audits to monitor the use of medicines and make any necessary improvements.

We watched a senior care staff member give one person their medicines and saw they administered medicines in a safe and friendly way. We looked at a third of the morning medicines on one floor and found that the number of tablets left matched the record on each person's MAR. This indicated medicines were administered in the right way. The date of opening was written on eye drops to make sure they were not used beyond their expiry date.

Controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the right way. We checked a sample of controlled drugs and found stock balances were correct.

Medicines, including products to thicken drinks, were kept securely. The temperatures inside medicine storage rooms were below the maximum recommended by drug manufacturers. However, the home's records showed that the maximum temperatures reached inside two medicine refrigerators were above the upper limit of eight degrees Celsius. This meant that medicines in these fridges could be less effective or even unsafe to use. We reported this to the home manager.

People we spoke with told us they felt there were enough staff. Comments included; "I don't feel as though I have to wait for staff to come"; "I have a call bell, staff come when I use it" and "I call them they come, what more can I say."

We found staffing levels were appropriate for people's needs. Staff responded promptly to call bells. Staff told us there were enough of them to meet people's needs. One of the intermediate care staff expressed concerns there were not enough staff at night on Brackenbed unit. One person we spoke with on this unit also felt night staff were 'pushed for time' and said staff washed and dressed them at 5am. Another person told us they were washed, dressed and got up at 6.30am and said they did not like this. No other people raised concerns about the night staff or being woken early. We discussed this with the unit manager who told us they often did night shifts themselves to ensure the unit was managed safely and they felt staffing was appropriate. They said they would look into the early morning issue with the individuals concerned. The home manager told us staffing levels were kept under review and were increased according to people's dependencies and this was confirmed by the unit managers.

We found risks to people were generally well managed. Risk assessments were in place and reviewed monthly. Staff understood individual risks to people, such as who was at risk of falls, who needed equipment to help them walk safely, who required a particular diet and who would not be able to leave the unit independently. Where people were at high risk of developing pressure ulcers there were detailed records in place relating to their nutritional needs, a body map, any specialised equipment and information about district nurse involvement. Staff said they knew which individuals needed support with skin care and repositioning and records showed this was carried out in line with people's needs.

We observed appropriate moving and handling practices on both units. Staff actively reminded people to use their walking frame and supported people patiently when they needed help. Staff gave reassurance, enabling people to move at their own pace without feeling hurried. People's walking frames were personalised to make them easy to identify. However, on the first day of our inspection on Pellon Manor we observed two separate instances where people were not supported by staff in accordance with their moving and handling assessments. Neither person came to any harm as a result of this. We discussed both incidents with the home manager who took immediate action by addressing the issues with the staff concerned and reinforced with all staff, through handovers, the safe procedures to follow.

Bedrooms on Brackenbed unit had a board with clear guidance for staff about risk management and care delivery. Staff said they were kept up to date about risk through handovers, safety huddles, information in care plans and the summaries in people's rooms. This ensured staff were kept informed about the needs of people who were in for short stay intermediate care. One staff member said, "We get told what equipment we need to use to assist people, how many staff are needed, what their care needs are and any dietary requirements they have. The whiteboards in people's rooms tell us what they need. We get a lot of good information about people. We get three different handovers."

We saw detailed Personal Emergency Evacuation Plans (PEEPs) were completed which showed the support each individual required from staff if they needed to vacate the home in an emergency such as a fire.

People told us they felt safe in the home and this was echoed by relatives. One relative said, "(My relative) is very safe here, we have peace of mind."

Staff we spoke with had a good understanding of abuse and knew how to identify and report any concerns or allegations. They were confident management would act on any concerns yet also felt supported to follow whistleblowing procedures if necessary. Contact numbers for the safeguarding team were displayed clearly in offices for staff to refer to. Records showed safeguarding incidents had been fully investigated and appropriate action had been taken to protect people. Referrals had been made to the local authority safeguarding unit and some, but not all, had been notified to the CQC. The home manager told us they would ensure we were notified of all future safeguarding referrals.

We saw staff were very observant of situations where people's behaviour may challenge the service or others. For example, staff intervened to distract two people who were having a disagreement preventing a potentially harmful situation. On another occasion, one person mistook another person's room for their own which resulted in the other person becoming upset. Staff quickly responded to support both people, offering reassurance and helping to reorient the person, which prevented the situation escalating further. There were clear directions in people's care records for staff to follow, identifying potential triggers and the action staff should take. Incidents were recorded in detail along with any action taken to support the person.

Accidents and incidents were recorded and analysed monthly by the home manager for any themes or

trends. We found the analysis was thorough and lessons learnt were shared with staff.

Our review of staff records showed the recruitment process followed safe procedures ensuring all checks, including a criminal record check, were completed before people started work.

There were effective infection control systems in place. The home was clean and there were no noticeable odours. Staff wore personal protective equipment (PPE) such as gloves and aprons where necessary and there were plentiful supplies available. Infection control audits were carried out regularly.

We identified some maintenance works on Pellon Manor which staff told us had been reported and this was confirmed by the home manager who said they would ensure these works were completed. We saw maintenance staff were in addressing some of these issues on the day of our inspection.

Good

Is the service effective?

Our findings

At our last inspection we found people's nutritional needs were not being met, the principles of the mental capacity act were not being followed and staff were not receiving the training they required for their roles. At this inspection we found improvements had been made in all of these areas.

People told us they enjoyed the food. Comments included; "Food is wonderful. Vast selection and plenty of it"; "The quality of food is good" and "The food is above average I would say." Relatives also praised the food. One relative said, "The food is very good. (My relative's) put weight on since they've been here."

Staff told us the food had improved significantly since the last inspection and described the new chef as 'very good'. We observed breakfast and lunch on both units. People were offered a choice; the food looked appetising and people received generous portions. People were supported to eat and drink and staff were very attentive, making sure people were given choices.

Staff were aware of any special dietary requirements and these were catered for. The presentation of soft and pureed diets had improved with the use of moulds which replicated the appearance of the original food. Where people had differing abilities staff enabled them to do as much for themselves as possible. For example, one person was given a butter dish to spread their own toast and a teapot to pour from themselves. Other tables were set with tea, coffee, milk and hot water so people could make their own drinks. Where people needed one to one support for their meals, staff sat with them throughout and engaged with them without becoming distracted. Staff involved people well at meal times and there was a happy and sociable atmosphere.

Regular drinks and snacks were offered to people in between meals and there was an accessible fruit bowl. People enjoyed snacks such as biscuits, cakes and sweets as well as hot and cold drinks.

We spoke with the chef who had a good understanding of people's dietary needs and this information was displayed on a board in the kitchen. Menus showed a variety and choice of foods available at each mealtime. Full fat milk, cream and butter was used to fortify diets and additional snacks were provided to give extra calories for people who were nutritionally at risk.

Staff we spoke with understood where people may be at risk of weight loss and which people needed particular diets. This was also detailed in people's care records, along with reference to the dietician, speech and language therapists and community matrons where there may be concerns. People's weight and malnutrition risk assessments were clearly recorded and staff told us they knew which people needed additional reminders to eat and drink. We saw one of the care staff reminded a person to drink, but the person was reluctant, so the staff member poured a drink for themselves and they sat together chatting. This encouraged the person to drink their own drink. We looked at people's food and fluid charts and saw these were recorded for those people at risk, with target fluids outlined. The senior care staff told us these were reviewed daily and where there were concerns this was discussed with the unit manager.

The Mental Capacity Act 2005 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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training and understood the requirements of the MCA and DoLS. Staff knew which people may lack capacity to make decisions and said they supported people as much as possible to make routine decisions for themselves. Staff knew some people had a DoLS in place and were not safe to leave the home unsupervised. One staff member told us they were aware of a person's conditions on their DoLS and they would refer to this information in people's care plans.

The home manager kept a record which showed when DoLS had been applied for, the authorisation date, expiry date and details of any conditions. This list was also available on each unit. The home manager told us all the conditions had been met and this was verified in one of the care records we reviewed. There was detailed information in people's care plans about their rights, consent and capacity needs; with best interest meetings recorded showing who had been consulted in the decision making process.

The home manager told us the induction programme was tailored to meet job roles. All new care staff completed the Care Certificate. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). The home manager and one of the senior staff had recently qualified as care coaches. Nurses completed a 12 week induction supported by qualified nurse mentors. The training matrix showed a range of training and 90% of staff were up to date with training the provider had deemed mandatory. The home manager had identified there was a backlog of competency assessments which had not been completed and had put systems in place to ensure all were done by the end of January 2018.

Staff confirmed they had regular training, some of which was e-learning. Staff felt they had the right support and skills to help them do their job effectively. One staff member who had returned to work after a long period of leave told us they had been given full refresher training to make sure they were up to date.

The home manager told us staff had not always received regular supervision, however, they had put systems in place to ensure this would be carried out in future. The supervision matrix showed the majority of staff had received supervision in November 2017. Staff said they had annual appraisals. Staff told us senior and management staff were always available and approachable to discuss issues at any time. Staff said they felt supported to achieve work-life balance through managers accommodating working patterns to suit their needs.

Needs assessments were completed by the management team before people moved into the home. This encompassed people's needs and choices and the support they required from staff, as well as any assistive technology to keep people safe and promote independence. This process helped to ensure people's needs could be met by the service. The assessment for intermediate care admissions was slightly different as it involved NHS professionals assessing each individual's suitability for rehabilitation in conjunction with the unit manager and home manager.

Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as GPs, dentist, opticians, chiropodists and community matrons.

Good

Is the service caring?

Our findings

At our previous inspection we found people's privacy and dignity was not always maintained. At this inspection we found improvements had been made.

All the people we spoke with praised the staff who were described as 'very good', 'lovely people', 'kind' and 'very nice'. One person said, "They're lovely and they love me" and another person said, "I'm as happy as can be." We saw another person's face lit up when a staff member approached, the person flung their arms round the staff member and gave them a kiss, saying, "I'm glad it's you. You're lovely."

Relatives were equally positive and comments included; "Very compassionate staff"; "Treated like individuals" and "What I've seen you can't fault them." Relatives told us they could visit at any time and were always made to feel welcome. We saw compliment cards completed by relatives praising the care provided. One recent card read, 'whenever I visit I'm always greeted with a warm smile and offered tea. I am happy to leave (relative) in your care and confident that (relative) is well looked after and safe'.

One relative said the home and staff were 'like my second family' and they told us how staff extended their caring approach, not only to their family member but to them as well. Another relative told us how happy their family member had been since they came into the home and how they called it their 'forever home'. A further relative said their family member loved a hug and said staff gave them one. They said their relative sometimes had 'off days' and got upset but said staff were very good at spotting this. They said, "I came in one day and staff were sat with (family member who was upset) quietly comforting them. They didn't know I was coming in and I thought that was lovely to see they were so caring. I know I can trust them to look after (family member)."

We saw staff had a very good rapport with people and their relatives. We observed many instances of spontaneous affection and hugs between people and staff throughout the day on both units. There was a caring, friendly atmosphere and staff were happy in their demeanour, smiling with people and frequently checking whether they needed anything.

Staff spoke with people respectfully and acknowledged them consistently by name as they walked past. Staff stopped to speak with people and they actively listened to what people wanted to say. Staff were patient and communicated with people at face level; where people needed staff to repeat words or phrases, staff did so as though they were saying it for the first time, with unlimited patience. For example, one person repeatedly asked staff "Where am I?" and staff replied as many times as the person asked. The person had written prompts on their zimmer frame to remind them where they were and staff used this to support their replies and be consistent in their approach.

People were supported to be independent and staff enabled them to have plenty of time to complete tasks. Staff involved people in discussions about their care and support. Staff noticed when people needed additional support and offered this in discreet and helpful ways. For example, one person was holding their trousers up and staff quietly suggested they find a belt, then helped them to decide which one to wear. The

care plan for a person with a visual impairment included details of where to position furniture in their room to minimise risks associated with mobilising and facilitate the person finding things in their room. We saw the person had coloured cups to help identify hot and cold fluids. This person told us staff always knocked and announced who they were before asking if they could come in. We saw rooms were personalised with pictures, photographs and other personal effects.

We saw staff respected people's privacy and dignity. Staff knocked on people's doors and waited before entering. When people needed support with personal care, staff discreetly facilitated this and carried any support out in private. People were smart in their appearance and staff supported them with this, such as providing assistance with shaving and putting on jewellery.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we identified the care documentation was not always person-centred or accurate and did not reflect people's needs. At this inspection we found improvements had been made.

Care records we reviewed were detailed and contained a lot of information about people's physical care needs and assessment of risks. They provided guidance for staff on how to support each person with each aspect of their care. There was evidence to show people and their relevant representatives had been consulted and regular documented reviews of people's care and support. In addition to people's care files there was a smaller file containing key information about each person, their personal preferences and a photograph of them. The unit manager told us this was to highlight the person, not just a set of tasks, and was a helpful synopsis for staff who may be unfamiliar with the person as an individual. The unit manager and senior care staff told us about some training they had recently done entitled 'me and my care' which included a box of resources based around people's individual experiences of living in a care home. They told us the training had inspired them to look at new ways of putting people at the centre of what took place.

Care documentation for those receiving intermediate care was written by hospital staff and focussed on rehabilitation and the support people required to be able to return to independent living. However, the unit manager on Brackenbed told us they were looking at how staff employed by the home could become more involved in the care planning.

Staff we spoke with knew people's interests and used this information in conversation with people. For example, one person was very knowledgeable about music and musicians and they had a detailed discussion with staff about this. Staff knew which relatives were due to visit people and they chatted about people's families with them. Staff we spoke with said they all thought the home provided person-centred care and would be good enough for a relative of theirs. One member of staff said, "I always think, if it were my [relative] would this be good enough, and I can say yes, definitely."

Staff spoke with people who chose to stay in their rooms and checked whether they needed anything, such as a drink or a blanket. Staff spent time where they were able, engaging in conversation with people and asking if they needed anything. One person said, "I'm just fine, I'm tickety-boo" and they laughed with staff. We saw staff made every effort to understand what people wanted to communicate, even when they were unable to put this into words. For example, one person walked through the corridor frowning and making a sound as if they were in pain. Staff asked the person if they felt all right, if they had any pain and whether they needed to see the nurse.

We saw in people's bedrooms, there were large laminated photographs and pictures of personally meaningful things displayed in a 'picture border' and the senior care staff told us they were hoping to extend this to more people who might also like this in their room. One person had old photographs of a local area they were familiar with as a younger person and another person had photographs of different birds to reflect their interests. Staff told us how they used these pictures to prompt conversation and bring back memories with people.

On Pellon Manor we saw the activities staff related well with people and spent time in one to one activity with some people. For example, one person showed us they were painting with water and we saw they chatted with the activities staff about this. During the afternoon we saw the activities staff playing a card game with a small group of people. We overheard the unit manager discussing with staff about their recent trip to the local pub 'young at heart' and 'night out in the afternoon' sessions and people spoke about going again soon. One person said, "That was really good, we have lots of fun when we go there." We saw some people watched a Christmas film and they talked about the actors. The unit manager told us about links with the local community and said there was a choir coming with a life sized nativity and local children.

Staff related well to relatives when they arrived to visit people and it was evident there was regular communication with staff in the home. Relatives showed staff the Christmas jumpers they had bought for their family members and there was plenty of happy conversation shared. We saw relatives felt at ease in the unit and used the kitchen areas to make drinks and even help tidy away. One relative we spoke with said their family member enjoyed handling the knitted 'twiddle muffs' as it kept their hands active and they had previously had painful arthritis which had improved.

On Brackenbed unit there was no evidence of planned activities, as the focus for the majority of people was rehabilitation. We saw there were lounges which people accessed when they wished to socialise or watch television, although most people spent time in their rooms. The lounge on the ground floor also contained equipment for use by physiotherapists to help people increase their mobility. We saw one person encouraged and assisted to use this equipment whilst another person was present in the room to watch television. The registered manager told us they were increasing the activity staff hours and looking at ways in which the activity programme could be extended to Brackenbed unit. Staff on the unit had signed up to the local authority's 'Mollie and Bill' initiative which looked at ways of engaging volunteers.

We saw people were supported by staff in making decisions about their end of life care. We saw one person's end of life plan, which was very personalised. It included the person's wishes to remain at the home, detailed information about their preferences, including lighting and noise levels, who they wished to be present and what they wished to happen after their death. The plan also included the names and contact details of palliative care nurses from a local hospice who should be contacted if there was a terminal deterioration in the person's condition. We saw compliment cards from relatives thanking staff for the care they had provided to family members who had died at the home. One card said, "Thank you for the care and dedication given to (my relative) in the last few days of (relative's) life and during (their) stay." Another card stated, "…such a comfort to us to know (relative) was cared for by such caring, compassionate and professional people."

People and relatives told us they had no complaints but said they felt able to speak out if they had any concerns and were confident these would be dealt with. One relative we spoke with said all staff were approachable to be able to raise any concerns with. They told us the home manager had introduced themselves and was regularly visible in the home. They said the office door was usually open and they felt able to speak with them at any time.

The complaints procedure was displayed in the home. There was also an iPad in the reception area which was available to everyone so people could give feedback on the service at anytime. We looked at the complaints file and saw four complaints had been received since the last inspection. The records provided details of the investigation, any actions taken and the response to the complainant.

Requires Improvement

Is the service well-led?

Our findings

At our last two inspections we identified shortfalls in the governance and management of the service. At this inspection we found significant improvements had been made. However, before we can conclude the service is well-led we need to be assured the provider will continue to provide support to the management of the home and maintain effective quality assurance systems to ensure any improvements will be sustained and developed further to make sure people consistently receive high quality care.

Following the last inspection there had been a number of changes in the service. The provider had closed one of the units, Birkshall Mews and this remained closed. The manager who had been in post at the last inspection had left. At this inspection a new home manager was in post who had applied for registration with the Care Quality Commission. There had also been changes to the senior management team who were providing support to the service.

People, relatives and staff knew the manager and spoke positively about the management and leadership of the service. One relative said, "We are kept up to date now, it wasn't always like that but it's better now. We are having monthly meetings."

Staff said they felt listened to and valued and said there had been an improvement in the standards of care since the last inspection. Staff told us the home manager and unit managers worked together well providing consistent leadership and promoting high standards. One staff member told us, "We are much, much more supported now, they (managers) listen to us". Another staff member said, "(Unit manager and home manager) act on what we suggest. If it's not a good idea they take time to explain why, they're clear about what we haven't thought through. They spend time talking to us." A further staff member said, "We have staff meetings. (The manager) is very interested in what people have to say, she gets people talking. Even the ones that don't normally like to speak up." Staff said they were able to contribute to team discussions through meetings and added comments via the iPad system. Staff told us the culture had changed for the better with improved openness and a different use of terminology, such as in job titles. We saw the results of the staff survey carried out in September 2017 which showed a higher return rate than the previous year and a significant increase in staff satisfaction.

We found staff were willing and proactive in speaking with the inspectors, frequently coming forward to offer information about people or the way the home was run and had improved. We found the home operated as a more cohesive service than at the previous inspection as the management team shared the same ethos promoting a positive culture which was open and inclusive and encouraged improvement. The home manager told us they and the unit managers were completing the 'Aspirational Leaders' programme run by the local authority.

The home manager was visible in the service and spoke with staff, relatives, visitors and people with equal regard and respect, addressing individuals by name. Staff said the home manager was regularly present and took an interest in people's care and support. They told us the home manager supported them with all aspects of their work and was willing to undertake care tasks themselves if needed.

Quality assurance had improved. We found effective systems were in place to assess, monitor and improve the service at home manager and senior manager level. Audits were undertaken in a range of areas including health and safety, infection control, food, care planning, weights and medicines. We reviewed these audits and found they were thorough. We saw actions had been taken where improvements were needed. The service had an ongoing improvement plan which was monitored by senior managers to ensure continued progress. The home manager completed a daily walk round which was recorded on the iPad. This included discussions with people, relatives and staff, as well as observations and reviews of documentation.

The monthly analysis of accidents and incidents had improved. The analysis was more in depth, identifying any themes or trends, showing actions taken as a result and lessons learnt.

The home manager had recently implemented a 'policy of the month' to help staff in their understanding and awareness of the home's policies. In November 2017 the MCA and DoLS had been the chosen policy, with workbooks issued to staff to re-inforce their learning. Our discussions with staff showed they had a good understanding of the MCA and DoLS.

We saw minutes from meetings with the external provider who provided the catering service and actions taken to ensure improvements in the quality of food provided. Our findings at this inspection showed the catering had improved significantly. We saw minutes from a family forum meeting held in November 2017 which noted improvements in the choice, quality and presentation of meals. The monthly weight analysis also showed people's weight had remained steady over the last couple of months with no significant fluctuations.

Minutes from recent staff meetings showed a range of topics had been discussed and actions to improve agreed.

We saw information displayed in the reception area which showed the results from a quarterly survey carried out from July to September 2017. This showed 97.87% felt Pellon Care Centre was a happy place to live and 100% said they felt safe and were treated with respect, listened to and were treated as individuals.

Staff and relatives told us they would have no hesitation in recommending the service. One relative said, "I'd definitely recommend it, without a doubt. (My relative) loves them all here. The biggest thing is the care, it's just so good." A staff member said, "I am proud to work here and proud when people (who use the service) say they like it here. I can see people get good care."

We saw the rating for the service from the last inspection report was displayed on the provider's website and in the home as required.