

Seacole's Limited

# Pelham House

## Inspection report

5-6 Pelham Gardens  
Folkestone  
Kent  
CT20 2LF

Tel: 01303252145

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Pelham House is a residential care home which, at the time of this inspection, was providing personal care to 14 people. People using the service were older people, some people were living with dementia and other health care needs. Pelham House can support up to 22 people, it is a large domestic-style house, previously arranged as two attached houses, now converted to a single property.

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

People told us they felt safe living at the home. Comments included, "Staff are dedicated, supportive and caring", "They do a terrific job, I can't speak highly enough of them" and "I must say I feel well looked after, that says it all really".

Risks to people had been identified and processes ensured mitigation was in place to reduce them. This included ensuring appropriate equipment was used and healthcare professionals were involved in people's care.

However, we found medicines were not always managed safely. The storage arrangements and temperatures of controlled medicines was not monitored. Controlled medicines are tightly controlled by the government because they may be abused or cause addiction. Other shortfalls in ordering medicines meant some people had not receive their medicine as prescribed. This concern had been addressed by the manager and processes put in place to prevent reoccurrence.

Systems to intended to support effective infection prevention and control were not embedded into daily practice. Checking procedures did not always ensure staff followed procedure.

Some checks to ensure the safety of the home environment had lapsed recently due to the impact of the COVID-19 pandemic and unprecedented pressure on staff working at the home. The provider and manager were aware of this and working through an action plan to improve the quality of the service.

Some staff had received safeguarding training. Potential safeguarding matters were brought to the attention of the manager and had been referred to the local authority safeguarding team. However, reporting had been delayed on one occasion.

The manager and provider completed checks of the environment and audits of the quality of service provided. However, these were not sufficiently robust to identify all the concerns found at this inspection, so were not fully effective in their use. Areas of the home were prepared for redecoration but this had been suspended due to the COVID-19 pandemic. A plan was in place for work to recommence.

There were enough numbers of staff to support people. Recruitment of staff was underway and the home d agency staff to fill vacancy gaps while recruitment was on going. Staff felt supported by the new manager and a schedule of supervision meetings was well progressed following a lapse.

Staff felt supported by the manager and service provider and management meetings had recently been reinstated.

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

Rating at last inspection and update

The last rating for this service was Good (Published 23 April 2018).

Why we inspected

We received concerns in relation to the management of medicines, safeguarding incidents, the experience and qualifications of staff as well as aspects of infection control processes and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the safe management of medicines and good governance at this inspection. We have made a recommendation about staff training and signposted the provider to resources to develop their approach to infection prevention and control processes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Pelham House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. They are also the provider and are legally responsible for how the service is run and for the quality and safety of the care provided. A newly appointed manager supported the day to day running of the home with the intention of becoming the registered manager, however, they had not yet started their registration process.

#### Notice of inspection

The inspection was unannounced, however, we telephoned the manager prior to entering the home. This was to check if any staff or people at the service had tested positive or had symptoms of COVID-19 and to discuss arrangements for the inspection and Personal Protective Equipment (PPE) required.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. The registered manager engaged in an Emergency Support Framework (ESF) call with a CQC inspector prior to the inspection. This is a supportive conversation CQC has held with providers or registered managers of all services during the COVID-19 pandemic crisis to check how they were managing. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including four carers, housekeeping staff as well as the deputy manager, manager, provider and quality compliance administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of medication records. We asked the registered manager to send a range of documents by email to support the inspection. This enabled us to spend less time in the service, to support restrictions to reduce infection during the COVID-19 crisis.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including staffing, training and care records as well as notes of meetings, auditing and monitoring documents.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Using medicines safely

- Some controlled medicines were not stored securely, temperature monitored or regularly audited. These medicines were intended for the use of visiting healthcare professionals. They were subject to special storage requirements set by the government because of their potential to be abused or cause addiction.
- The medicines had been entered into the home's record of controlled medicines in May 2020, however, they remained in an open container on the floor of the medication room. No audit of the medicine had been carried out since they were received. A reconciliation of the medicine was requested during the inspection. This showed more controlled medicines physically on site than recorded in the home's records. This presented a potential that surplus controlled medicines could have been inappropriately removed from the home and any subsequent auditing would not have shown this. It also highlighted an unnoticed error in the original entry.
- Medicines are required to be stored within specific temperature ranges. This is to ensure they do not become desensitised as they may not perform as intended. The storage temperature of this controlled medicine was not recorded. Additionally, for the same reasons, medicine requiring refrigeration should be stored between 2<sup>o</sup> and 8<sup>o</sup> Celsius. The digital thermometer attached to the medicines fridge displayed a temperature of 10.5<sup>o</sup> and was therefore outside of the required range. This was pointed out to the manager during the inspection.
- Medicine administration records (MAR) showed people had not always received their medicine when needed. In two instances, this was due to stocking oversights by staff. Management checks had identified these omissions and a system was in place to prevent reoccurrence. Where one person received topical creams, there was no body map showing where or describing how the creams should be applied.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed or that the provider was using PPE effectively and safely. This was because where people were isolating upon admission to the home, some staff did not always observe proper PPE protocol. For example, a member of staff continued to wear the same PPE in other areas of the home having exited an occupied isolation room. Additionally, other than verbal confirmation, there was no process to check records to ensure staff had taken and recorded their temperature before starting their shift. Discussion with some staff found this was not embedded practice.
- We were assured that the provider was now preventing visitors from catching and spreading infections.

However, whilst COVID-19 risk assessments had been completed for service users and staff to take account of their specific vulnerabilities, this had not been extended to assessing additional risks to staff because of their ethnicity. This may have informed decisions about which staff supported which people and whether different or additional PPE was needed.

We have signposted the provider to resources to develop their approach.

- We were assured that the provider was admitting people safely to the service
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- Risk assessments were in place and records about the support people received reflected the actions taken to reduce risk. For example, where people were at risk of skin breakdown, pressure reducing equipment and monitoring was in use and reviewed. Where people had specific health conditions such as diabetes or specialised dietary needs, risk assessment and guidance set out how to support people, how to recognise changes in their condition and what staff should do.
- Where people were at risk of falls, referrals had been made to relevant health care professionals. Staff monitored people's whereabouts and ensured any walking aids required were to hand and prompted people to use them. Where people needed support to walk or stand staff supported them safely and patiently.
- Gas and electrical safety certificates were current and most equipment was checked and serviced as needed. Staff had received fire safety training; a fire drill had recently taken place and personal emergency evacuation plans set out the support people would need in the event of a fire.
- However, risks to the environment including fire alarm tests, fire door guard checks and hot water temperature checks had lapsed. Servicing of the two stairlifts was also overdue. Areas of the home had been prepared for redecoration but had not been completed. This was attributed to pressure on staff caused by COVID-19 and the need to limit visitors, such as service engineers and tradespeople to the home. The service development plan identified these areas for improvement and work was underway to address them. We will assess the effectiveness of these checks at the next inspection.

Systems and processes to safeguard people from the risk of abuse

- Most staff had received training in safeguarding, however, this only equated to 60%. While discussion with staff found they were aware of their responsibilities and knew what constituted abuse and poor practice, delivery of refresher training was required.
- Potential safeguarding matters were brought to the attention of the manager. However, on one occasion, this was not within the timescales set out in the service's policy or in line with local authority requirements.

We recommend that the provider reinstates training in alignment with mandatory requirements.

- Staff told us how they were able to recognise potential signs of abuse and felt comfortable reporting safeguarding issues. There were systems and processes to help safeguard people from abuse. Lessons had been learned to ensure relevant parties were informed of all the actions the provider was taking to keep people safe.
- Staff knew how to whistle-blow (tell someone if they had concerns). They also understood their role in

reporting any concerns to external agencies, if they were not acted upon. The contact details for these organisations were available to them.

- People said staff knew them well and that helped them to feel safe. One person told us, "The staff have been so dedicated to caring for us."

#### Staffing and recruitment

- There were enough staff to meet people's needs, although some staff commented they were at times very busy. Staffing was determined on the needs of people, and regularly reviewed. As the result of this, the provider confirmed afternoon staffing had recently been increased.

- Recruitment remained ongoing to fill five vacancies at the service and the home was supported by regular agency staff who knew people well. The agency staff only worked at Pelham House to reduce the risk of infection and possible transmission of COVID-19.

- We reviewed recruitment practices. Checks on permanent new staff included obtaining a person's work references, identity, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. This was so action could be taken to reduce the chance of reoccurrence.

- The provider reviewed all accidents and incidents so the care people received could be reviewed. Lessons learned from these events were discussed at staff meetings. For example, the use of pressure sensing equipment to alert staff for a person at risk of falls.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A process was in place to check the quality of care and safety. However, checks were not wholly effective. Checks had not identified the storage of controlled medicines did not meet requirements, the incorrect quantities of controlled medicines held or recognise the consequent risk of misuse.
- Unprecedented demands on staff meant some key safety checks had lapsed. The management team were aware of this and an action plan was in place to ensure they were reinstated.

The provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had been at the service for nine weeks at the time of inspection and were yet to commence the process to register with the Care Quality Commission (CQC). They were experienced and had a clear vision of what they would like to change and how to improve at the service.
- People, staff and relatives told us, that although the manager was new, they knew who they were and felt they could go to them with any issues.
- Staff told us they could give suggestions about how to improve people's care and that these were listened to and taken on board.
- The manager was aware of regulatory requirements and had notified CQC of relevant issues. There is a requirement for the service to display their rating. This was available in the service and on the provider's website. The manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were engaged with the service through telephone and email updates, meetings and survey questionnaires.
- People we spoke with felt informed about the home, were engaged in their care planning and were asked for their views about the care they received. One person commented, "Staff often ask me how I am, how is

my care and if there is anything that needs to be changed."

- Staff had worked hard to ensure people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use. Families were kept updated and the service allowed visits to a restricted area within the service.
- The manager held meetings where staff could raise issues and information could be shared. Staff told us they found these helpful, explaining, "It provides a forum to ensure a common understanding".

Working in partnership with others

- The manager worked with other professionals to support people to stay as safe and well as possible. For example, they had ordered a stock of COVID-19 test kits, so they could test staff and people regularly. Where people needed support from other health care professionals, referrals had been made. These included, GPs, occupational and speech and language therapists as well as the community mental health team. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- People were referred to advocacy services when they needed to make important decisions about their lives.
- The provider was part of a local registered managers group which they used to gather information around best practice. They also kept up to date on local challenges and ways to overcome them. They knew who they could contact for support with issues or concerns, including CCG staff and the local authority safeguarding team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the proper and safe management of medicines. Reg 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. Reg 17 (1)(2)(a)