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The Pembury

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected The Pembury on the 3 and 7 March 2016. The Pembury is a residential care home for up to eight people with learning disabilities and autistic spectrum conditions. Eight people were living at the home at the time of our inspection. This was an unannounced inspection.

We last inspected in April 2014 and found the provider was meeting all of the requirements of the regulations at that time.

There was registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were positive about the home, the staff and management. People were safe and looked after well at the home. Support workers managed the risks of people's care. They ensured people had the medicine they needed to meet their needs and their ongoing healthcare needs were met. People received a healthy and balanced diet.

People enjoyed living at the home and were supported to live active social lives, which included attending school or college, going to the theatre and activities and events in the community. People were supported to be involved in day to day activities, such as baking, cooking and cleaning.

Support workers were supported by a committed provider and had access to training, supervision and professional development. There were enough staff with appropriate skills, deployed to meet the needs of people living at the home. Support workers spoke positively about the home and the continuity of staff.

The provider ensured people, their relatives and external healthcare professional's views were listened to and acted upon. The provider ensured support workers were involved in day to day decisions and promoted support workers to take on responsibilities such as key worker duties. Relatives and healthcare professionals spoke positively about the management and the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were safe because support workers knew their responsibility around protecting people from harm.

People were supported to understand and take risks to maintain their independence. Support workers knew the risks associated with people's care and had guidance to manage them.

There were enough suitable skilled and qualified staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective. People were supported by support workers who were skilled, trained and had access to professional development.

People received support to meet their nutritional needs and had access to plenty of food and drink. People were supported to make choices, and their legal rights to make decisions were respected.

People were supported to attend healthcare appointments. Support workers followed the guidance of external healthcare professionals.

Is the service caring?

Good ●

The service was caring. People were at the centre of their care, and were supported to spend their days as they choose. Support workers respected people and treated them as equals.

Support workers knew people well and understood what was important to them such as their likes and dislikes.

Is the service responsive?

Good ●

The service was responsive. People were supported with activities within the home and also had support to live busy lives accessing colleges and social events outside of the home.

People's care plans were detailed and were personalised to them

and their needs.

People and their relatives were confident their comments and concerns were listened to and acted upon by the home's management.

Is the service well-led?

The service was well-led. The management had audits and systems in place which enabled them to identify concerns. Where concerns were identified, action was taken to improve the service.

The views of people and their relatives were regularly sought. People and support workers were involved with decisions made within the home.

Good ●

The Pembury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 the 3 and 7 March 2016 and was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were 8 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with healthcare professionals and local authority commissioners about the service.

We spoke with three people who were using the service and with two people's relatives. We also spoke with two support workers and one of the providers who also manages the service. We reviewed four people's care files, staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe and comfortable in the home. People's relatives told us they felt their loved ones were safe at The Pembury. One relative told us, "I can't fault them in any way. They [their loved one] are always happy to come back here. We have peace of mind". Another relative told us, "Every day I count my blessings. I have recommended here to other families". They felt their relative was safe and well cared for at the home.

People were protected from the risk of abuse. Support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Support workers told us they would document concerns and report them to the registered manager, or the provider. One support worker said, "I would always go straight to the manager". Another support worker added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "I know we can contact the adult helpdesk and raise a safeguarding alert." Support workers told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The provider fully understood their responsibility to raise and respond any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were appropriately reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People and their relatives told us there were enough staff to meet their needs. People confirmed there were always support workers around if they needed support. One person said, "Always someone around if I need them." Relatives raised no concerns regarding staffing. One relative told us, "We can come in anytime, there is always some around."

There was a calm atmosphere in the home on both days of our inspection. Support workers were not rushed and had time to assist people in a calm and dignified way. Support workers had time to spend talking and engaging with people throughout the day. For example, one support worker assisted one person with baking a cake for everyone. Another support worker took time to assist people with a healthy snack. They engaged the person patiently and the person enjoyed their snack. Other support workers assisted people to access the community, by going to local activities, to college and shopping.

The provider had identified the number of support workers who needed to be deployed to meet people's daily and social needs. The provider and support workers told us the amount of staff deployed depended on people's daily needs. For example, where one person had been unwell, or where someone had a healthcare appointment the provider ensured more support workers were available to meet their needs. Support workers told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "There is definitely enough staff, we can support people with their activities and we can spend time with people at the home if they don't want to go out", "No concerns. All the staff have been here for a while so we all work well together".

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled support workers to keep people safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person was at risk of choking. Support workers had clear guidance to sit with the person at mealtimes to ensure they were protected from risks. We observed a support worker assist this person and ensure they had the assistance they needed to reduce this risk.

People were promoted to take positive risks. People were supported to carry out activities which could place them at risk. For example, support workers had identified the risks for one person who liked to go swimming and horse riding. There were clear risk assessments in place which support workers needed to follow to ensure people could enjoy these activities.

Where people required assistance from a support worker and equipment, there was clear guidance on how staff should support them. The equipment needed, including wheelchairs, ceiling track hoists and slings were clearly detailed. Support workers knew how to use equipment to support people and told us they had the training they needed. For example, one support worker told us how they had received training to support one person who needed different equipment and care to meet their needs.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked weekly by senior support workers. Senior support workers also ensured people's medicines were checked in and disposed of effectively. These systems ensured people's medicines were not taken inappropriately and people received their medicines as prescribed.

Is the service effective?

Our findings

People and their relatives were positive about support workers and felt they were skilled to meet their needs. Comments included: "They're very good", "They [support worker] put a high amount of effort in" and "They're amazing. Really supportive and committed".

People's needs were met by support workers who had access to the training they needed. Support workers told us about the training they received. Comments included: "Definitely have the training we need to meet people's needs" and "Training, we have everything. It's all really good". Support workers completed training which included safeguarding, fire safety and moving & handling.

Where people's needs changed or new people moved the home, support workers were supported and trained to meet their needs. One support worker told us how the provider had ensured they and other support workers had the skills they needed to meet one person's nutritional needs. They said, "We needed PEG feed training and training to use different hoists. I've never had any problems getting training". Percutaneous Endoscopic Gastromy (PEG) care (a means of feeding when oral intake is not appropriate).

Support workers told us they had been supported by the registered manager and provider to develop professionally. Two support workers told us they were supported to complete a Qualifications Credit Framework (QCF) diploma in health and social care. One support worker told us how they were supported to complete this training as well as an apprenticeship whilst working at The Pembury. They said, "They really helped me to complete my apprenticeship and my diploma. They went through my assignments with me; they really helped me to develop". Another support worker said, "Definitely able to develop and I also have encouraged others to do qualifications."

People were supported by support workers who had access to supervision (one to one meeting) with their line manager. Support workers told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One support worker told us, "We have supervision regularly". Support workers told us they felt supported by the registered manager, provider and other team members, citing great teamwork. Comments included: "We have a really good staff team, it's like a family, we all work so well together" and "The support is really good".

Support workers we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. They showed a good understanding of this legislation and were able to cite specific points about it. One support worker told us, "We always offer choice, unless we know, we can never assume people can't make a decision".

The registered manager and provider ensured where someone lacked capacity to make a specific decision,

a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the benefits and risks of an operation. A decision was made in the person's best interest with their social worker and family present.

No one in the home was being deprived of their liberty. The provider had carried out an assessment to check if Deprivation of Liberty Safeguard (DoLS) applications for two people needed to be made. The provider had a clear understanding of their responsibilities. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People spoke positively about the food and drink they received in the home. One person told us, "I like the food, I like baking". People were also supported to enjoy coffee and snacks and meals in the community.

People's dietary needs and preferences were documented and known by support workers. Support workers knew what food people liked and which foods people needed to meet their nutritional needs. For example, one person had nutritional supplements provided through a PEG tube. Support workers were also working with the person's dietician and Speech and Language therapists (SALT) to provide a small amount of food and drink orally. Support workers had clear guidance to follow and were liaising with SALT regularly to ensure the person's needs were being met.

One person in the home had been diagnosed with type 2 diabetes, which was controlled through their diet. Support workers were aware that the person required a low fat and low sugar diet to ensure the person's needs were maintained. The person was also supported with annual health checks to ensure their diabetic needs were being met. Support workers were given feedback from appointments which showed the persons of each person's needs were being met and reducing the risk of the person becoming insulin dependent.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, dentists, podiatrists and speech and language therapists. For example one person attended a stroke clinic and had support to monitor their blood pressure. During our inspection a health care worker from the local authority had come to review the needs of two people living at the home. They spoke positively about the service and told us, "They have a very tight team here, good consistency of staff" and "We tell them we wish they had more beds".

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. One person said about the support workers "oh gosh yes, lovely" and felt they were well looked after. Another person responded positively when asked about their support workers and told us, "I've been here a long time, I like it here." Relatives told us they felt people were all looked after. Comments included: "They have complete stability here", "It's amazing" and "I would say, he gets gold standard care. It's outstanding".

People enjoyed positive relationships with support workers and the provider. The atmosphere was calm and friendly. Support workers engaged with people in a respectful manner. We observed warm and friendly interactions. People were informed about the purpose of our visit by support workers who asked them if they would like to talk to us. Support workers encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, two people were enjoying a film in the home's lounge. One person had picked the film as the animals in the film were important to them.

People engaged with support workers and were comfortable in their presence and enjoyed friendly and humorous discussions. For example, the provider and a support worker talked with one person, the person was comfortable in their presence and clearly enjoyed talking with staff. The person was smiling throughout and was clearly happy being with staff.

People were cared for by support workers who were attentive to their needs and wishes. For example, support workers knew what was important to people and supported them with their day to day needs and goals. One person was supported by a support worker to get a mother's day card for their mum. Another person had recently been feeling unwell. Support workers were spending time with this person, and supporting them with activities within the home. One support worker ensured the person was comfortable, getting them some cough sweets.

Care workers were supported to spend time with people and they spoke positively about this. Comments included: "We have a lot of one to one time with people in the home and out in the community"; "The clients are lovely" and "We know all the people really well".

One person's relative and a healthcare professional spoke positively about how everyone was supported to look their best. One relative told us, "In 10 years, I've never had to say he needs a shave and I see him all the time. I've seen him in the home and in town. He's never scruffy or unkempt". They told us how their other relatives always commented on how happy and comfortable the person was when they had seen them with support workers in the community.

Support workers clearly knew the people they cared for, including their likes and dislikes. They spoke confidently about people. For example, one support worker talked about their role as a key worker for one person living at the home. They told us, "We're a similar age, we really have a connection and we really get on. We sing together". They told us the person used an electronic tablet which helped them to communicate in the home and at college. The support worker explained the importance of this, and that they always

ensured the person had it with them when they attended college because of the support it gave them to communicate their needs effectively.

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them, or showed their interests. One person liked superheroes and had posters and ornaments which reflected this. Another person liked Doctor Who and had recently been given a canvas of the character. They told us they were looking forward to it going on their wall and had found where they wanted it to go.

People were treated with dignity and respect. We observed support workers assisting people throughout our inspection. One person required support from support workers with their hygiene needs. A support worker supported them quickly to ensure they were comfortable.

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. People's care plans and risk assessments were reviewed monthly and changed to reflect people's needs where changes had been identified.

Support workers kept detailed records of people's medical appointments and the outcome of any appointment. This enabled support workers to ensure they had the correct information to meet people's needs. Where people's support needs had changed this was clearly reflected in their care and support plans.

Support workers wrote detailed accounts of people's days in books for each person which contained pictures and other items such as theatre tickets. These books showed people enjoying activities and also enabled people to look back of the things they had enjoyed or achieved. For example, one person took pride in showing us their book and talked about going to the zoo, going on holiday, singing at Christmas and enjoying going to the theatre. They told us, "I like it; they've nearly completed this book".

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "They let us know if anything changes and always keep us involved". One support worker told us how they regularly kept one person's relative up to date with any changes to their relative's needs. They said, "As a key worker, I text their mum and I'm in contact. I make sure they have their tablet to communicate. However we all know people so well, we all talk to relatives."

People's relatives were involved in reviewing and planning people's needs. Relatives told us their views were always sought and respected. One person's relatives were attending the service to be involved in a review of their loved one's overall care and treatment with a representative from the local authority and the home's provider.

People were supported to enjoy active social lives by support workers. On both days of our inspection, people were out enjoying different activities and events, such as treasure seekers (organisation set up to enhance the lives of disadvantaged and vulnerable adults), Jamats (an activity centre for adults with special needs) and college. Where people who stayed in the home, were assisted by the support workers with activities, such as cake baking or shopping in town. People enjoyed the amount of activities One person said, "I've been playing dominoes, I won a few matches". Another person told us, "Oh gosh yes. I do writing, treasure seekers, gardening. The days go so fast". One relative told us, "I'm very envious of their social life, they're always busy".

People and their relatives knew how to complain. The provider had received no complaints since our last inspection. The provider and support workers spoke positively of how they responded to incidents quickly to ensure people received a good service. People indicated they were happy with all aspects of their life at The Pembury. Relatives also spoke positively about the service and how their views were listened to. One

relative told us, "Can't fault them in anyway".

People's views were sought regularly through monthly home meetings. These meetings allowed support workers and people to discuss key events in the home and any upcoming celebrations such as Christmas and Easter. Meeting minutes were written in pictogram format, which made it easier for people to understand. One person told us, "I like the meetings".

Is the service well-led?

Our findings

The Pembury is one of two home's run by the provider. The provider for the service is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with was complimentary about the provider. Relatives were confident about the management of the home. One relative told us, "They're amazing. I can pick up the phone and speak to them anytime". Another relative said, "Really good. Get all the information we need".

The provider promoted a culture that put people at the centre of everything. Support workers were committed to the service and were positive about the management. Comments included: "Everyone's involved. It is like a little family"; "The clients are lovely and everyone is very supportive. People definitely come first" and "It's a really good place to work".

People and their relative's views were regularly sought and acted upon. The registered manager carried out surveys of people and their relative's views as well as monthly house meetings for people. The most recent survey carried out by the provider in 2015 and the feedback from people and their relatives was wholly positive. One relatives comment summed up the feedback the service received, 'We feel very lucky and blessed that [relative] has such a happy, safe, well looked after life at The Pembury. The commitment is wonderful'.

The provider had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as medicine audits and scheduled checks within the home. Where audits or observations identified concerns, clear actions were implemented. For example, any concerns around medicine administration records were clearly acted on, which had led to improvements around medicine administration records within the service.

People were protected from risk as the provider ensured lessons were learnt from any incident and accidents. The provider ensured any incidents and accidents were discussed in staff meetings to enable the provider and support workers to discuss the incident and any improvements which could be made. For example, one person had a near miss fall from a wheelchair. Support workers discussed this incident and improvements were discussed which would reduce the risk of anyone else suffering an injury or a near miss at the service.

The provider ensured the quality of the service was discussed with support workers. They felt they were able to suggest ideas about the day to day running of the home. Complaints, service user meetings, people's goals and care plans were all discussed at team meetings. This ensured the provider was able to discuss any concerns with support workers. Support workers spoke positively about team meetings. One support worker told us, "We are able to talk about things, like recommend changes and have an opinion".

The provider listened to and acted from advice and guidance from local authority commissioners. The local authority suggested actions the provider should undertake. The provider had taken notice of these actions to make changes around safeguarding and the Mental Capacity Act. Local authority commissioners spoke positively about the service.