

Mrs Pauline Difford

Pendrea House

Inspection report

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Tel: 0120874338

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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

Pendrea House is a care home that can accommodate up to 16 older people, some of whom have a diagnosis of dementia. On the day of the inspection there were 15 people living at the service.

We carried out this inspection on 12 September 2017. At the last inspection, in August 2015, the service was rated Good. At this inspection we found the service remained Good.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "I am happy and feel safe living here", "It's a wonderful place, I am very happy" and "Marvellous, couldn't wish for anything better."

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us, staff were kind to them and respected their wishes. Comments from people and relatives included, "I like to be independent. Staff respect that and allow me to be me", "All the staff are very good", "Staff treat you well, very kind" and "Can't fault them, staff are very helpful."

There were enough suitably qualified staff on duty and additional staff were allocated if people's needs increased, such as when someone was unwell. There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff had received training in how to recognise and report abuse.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Some people managed certain aspects of their own medicines and this had been appropriately agreed with the individual and any potential risks explained. No one at the service required their medicines to be administered covertly (disguised in food).

People had access to healthcare services such as occupational therapists, GPs, chiropodists and community nurses. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. A healthcare professional told us, "I have confidence in the service. Staff have the knowledge to recognise when to contact us for help and support."

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People told us they enjoyed their meals. Comments from people and their relatives included, "I enjoy the food, it is well cooked", "Excellent choice", "He enjoys the food, he doesn't like pork and they make sure he has beef or chicken instead. He also has a fridge in his room" and "Always a choice of two meals and If you don't like them you can have a jacket potato with a slice of meat."

People were able to take part in a range of activities facilitated by staff and external entertainers. These included playing cards, board games, singing sessions, pamper sessions, exercises and craft work. One person told us, "I played cards yesterday and I have my nails done every week."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership. There was a stable staff team where many staff had worked at the service for a number of years. Staff told us they felt supported by the management commenting, "Good team work and good communication", "Management are open to new ideas and we are included in decisions about the home" and "We are not afraid to speak up about anything."

People and their families were given information about how to complain. People and relatives all described the management of the home as open and approachable. Relatives told us, "The home is well run, if you ask for something to be done it is always quickly actioned" and "I would not hesitate to recommend the home. They give excellent care." There were regular 'residents' meetings which gave people the opportunity to be involved in the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager regularly worked alongside staff and this enabled them to observe staff practice and check if people were happy and safe living at Pendrea House.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Pendrea House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 12 September 2017 and was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at Pendrea House, three visitors and a healthcare professional. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four care staff, the registered manager and the owner. We looked at three records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with a healthcare professional.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "I am happy and feel safe living here", "It's a wonderful place, I am very happy" and "Marvellous, couldn't wish for anything better."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident these would be followed up appropriately. The registered manager told us they regularly discussed any current safeguarding concerns and safeguarding procedures. Records confirmed safeguarding was always an agenda item for staff meetings and was discussed with staff individually at their supervision meetings.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as the level of risk in relation to nutrition, pressure sores, falls and how staff should support people when using equipment. These had been kept under review and were relevant to the care provided. Staff had been suitably trained in safe moving and handling procedures.

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and help to reduce any apparent risks.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough suitably qualified staff on duty and additional staff were allocated if people's needs increased, such as when someone was unwell. On the day of the inspection there was a senior care worker on duty all day and two care staff in the morning and one in the afternoon. In addition a cleaner, a cook and the registered manager were working at the service. Staffing levels had recently been increased in the morning to meet some people's increased needs. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

Medicines were managed safely at Pendrea House. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people managed certain aspects of their own medicines and this had been appropriately agreed with the individual and any potential risks explained. No one at the service

required their medicines to be administered covertly (disguised in food).

All medicines were stored appropriately. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records showed that room and medicine storage temperatures were being monitored.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. However, there were some gaps in the recording of when staff applied creams for people. The registered manager was aware of these gaps and had recently put a system in place to check at every handover if staff had signed medicines records. We discussed with the registered manager that despite this system being in place there were still gaps. They assured us they would look again at these checks to see how they could be improved. We judged that this had not impacted on people receiving their creams safely.

The environment was clean and well maintained. There was an on-going programme to re-decorate people's rooms and make other changes to the premises when needed. The conservatory had recently been upgraded and some new carpets had been fitted. Carpets for the rest of the building had been ordered as well as new windows for the entire building, apart from the conservatory where windows had already been replaced.

All necessary safety checks and tests had been completed by appropriately skilled contractors. Gas appliances and electrical equipment complied with statutory requirements and were safe for use. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as dementia awareness. Staff told us, "The manager is very good at finding courses that staff have a particular interest in" and "We asked for training about tissue viability and this has been arranged." The management encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by the registered manager and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. One member of staff said, "I have supervision every 3-6 months and an annual appraisal." Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, new to working in care, an understanding of good working practice within the care sector.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the service as well as working closely with local GPs and community nurses. A healthcare professional told us, "I have confidence in the service. Staff have the knowledge to recognise when to contact us for help and support." Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed by staff. Some of these records were not completed thoroughly enough to be able to check exactly how much food and fluid the person had taken. However, it was clear from speaking with staff that information about how much people had eaten and drunk was communicated verbally at handover meetings. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and

relaxed atmosphere. Tables were laid with white tablecloths and vases of flowers. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Some people liked to have an alcoholic drink before or with their meal. We saw people were offered a glass of sherry, beer or wine. People told us they enjoyed their meals. Comments from people and their relatives included, "I enjoy the food, it is well cooked", "Excellent choice", "He enjoys the food, he doesn't like pork and they make sure he has beef or chicken instead. He also has a fridge in his room" and "Always a choice of two meals and If you don't like them you can have a jacket potato with a slice of meat."

Care files contained consent forms and where possible people, or their legal representative, signed to agree to the care provided. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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. Applications for DoLS authorisations had been made to the local authority appropriately.

The manager and staff demonstrated a good understanding of the principles underpinning the MCA. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Care plans detailed the type of decisions people could make and where decisions would need to be made on a person's behalf. When decisions had been carried out on behalf of a person, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises.

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us staff were kind to them and respected their wishes. Comments from people and relatives included, "All the staff are very good", "All the staff are very good", "Staff treat you well, very kind" and "Can't fault them, staff are very helpful."

Staff engaged in friendly and respectful chatter with people and there was plenty of shared humour between people and staff. We found staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff told us, "I love working here" and "It's really rewarding to make people's lives better."

The service promoted people's independence and encouraged people to maintain their skills. Throughout the inspection we saw staff gently and discreetly ask people if they needed any assistance. For example, with help to get up from a chair or mobilise around the premises. On most of these occasions we observed people answered that they wanted to do the tasks for themselves. Staff respected people's wishes to complete these activities independently. Even though this meant more time was needed for people to complete tasks staff did not make people feel they were being rushed. People told us, "Staff never rush you" and "I like to be independent. Staff respect that and allow me to be me."

People were able to make choices about their daily lives. Care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. People told us they got up in the morning and went to bed at night when they chose to. Some people chose to spend time in the lounge, dining room or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Pendrea House had a diagnosis of dementia or memory difficulties. Staff had worked with relatives to develop life stories to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. We saw that staff knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People were involved in monthly care plan reviews and the registered manager regularly spoke with people to ask for their views about the service.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Pendrea House. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. People told us they knew about their care plans and staff would regularly talk to them about their care. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Some people living at the service could sometimes display behaviour that might be challenging for staff to manage. Staff worked closely with healthcare professionals to seek advice about how best to support people if they became upset or anxious. The care plan for one person gave clear instructions for staff about how to distract them if they were upset. These strategies had been agreed with a dementia specialist and were regularly reviewed with the specialist. Staff kept clear records whenever they used any of the strategies and this helped the dementia specialist to review the person's care.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff attended daily handovers which were led by the registered manager or senior care worker. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

People were able to take part in a range of activities facilitated by staff and external entertainers. These included playing cards, board games, singing sessions, pamper sessions, exercises and craft work. One person told us, "I played cards yesterday and I have my nails done every week." Weekly activities were displayed on a notice board in the main entrance hall. Staff told us that if anyone wished to go out to an event or club staff would arrange a taxi for them.

Before moving into the service the registered manager visited people to carry out an assessment of their needs to check if the service could both meet their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. The relative of one person told us how well staff had helped the person settle in to the service when they moved there a few weeks before our inspection.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and their families were given information about how to complain and details of the complaints

procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. Although people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by the owner and senior care workers. The owner of the service visited every day and supported the registered manager in their role. The registered manager told us the owner always discussed any investment needed for the service and trusted the registered manager's judgement about any money spent

Staff had a positive attitude and told us the management team provided strong leadership. There was a stable staff team where many staff had worked at the service for a number of years. Staff told us they felt supported by the management commenting, "Good team work and good communication", "Management are open to new ideas and we are included in decisions about the home" and "We are not afraid to speak up about anything."

People and relatives all described the management of the home as open and approachable. Relatives told us, "The home is well run, if you ask for something to be done it is always quickly actioned" and "I would not hesitate to recommend the home. They give excellent care." There were regular 'resident's' meetings which gave people the opportunity to be involved in the running of the service.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions. The recent increase to staffing levels in the morning had been instigated after feedback from staff. At the time of the inspection the registered manager was in the process of reviewing staffing levels for the late afternoon in response to further feedback from staff. Although, the service used a dependency tool to assess staffing levels, this showed that they listened to staff's views about staffing levels as well.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager regularly worked alongside staff and this enabled them to observe staff practice and check if people were happy and safe living at Pendrea House. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

