

Voyage 1 Limited

Pembroke Lodge

Inspection report

2 Pembroke Avenue
Newcastle Upon Tyne
Tyne And Wear
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Tel: 01912245803

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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

About the service

Pembroke Lodge provides care, support and accommodation for up to 15 people with physical and mental health needs. Accommodation was spread over two floors. At the time of the inspection there were 15 people living at the service.

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

People spoke positively about living at the home. One person said, "I would rate it as 12 out of 10. It's tremendous."

People told us they felt safe. There were systems and processes in place to help protect people from the risk of abuse. There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well. Safe recruitment procedures were followed.

There was a positive approach to safety and risk which was not restrictive for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a choice and access to sufficient food and drink. Staff supported people to buy, prepare and cook food. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

People were treated with kindness. There was a happy family atmosphere, people and staff cared about each other and enjoyed spending time together.

People's care was developed around their wishes, preferences and goals. Staff had explored what opportunities were available within the local community to promote inclusion.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 September 2018). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pembroke Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

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. We also contacted 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home about their experience of the care provided. We also spoke with six members of staff including the registered manager, senior supervisor, three support workers and the chef.

We reviewed a range of records. This included one person's care records and multiple medicines records. We looked at one staff file in relation to recruitment. We reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. We spoke with two members of night staff to find out how care and support was delivered at night. We emailed health and social care professionals to ask for their feedback about the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse. People told us they felt safe.
- Staff were knowledgeable about what action they would take if abuse were suspected.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored. We spoke with the registered manager about reviewing the falls procedure to ensure best practice guidelines were followed following a fall.
- There was a positive approach to safety and risk which was not restrictive for people.
- Checks and tests were carried out to make sure the building was safe.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff worked flexibly to meet the needs of people.
- Safe recruitment procedures were followed to help ensure suitable staff were employed.

Using medicines safely

- Medicines were managed safely. Medicines were stored in people's bedrooms which helped promote a person-centred approach to medicines management.

Preventing and controlling infection

- People were protected from the risk of infection. The environment was clean.
- Staff had completed infection control and food hygiene training. They followed safe infection control procedures.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify any themes or trends, so action could be taken to reduce the risk of any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. Staff had completed training in safe working practices and to meet the specific needs of people.
- Staff told us they felt supported. There was a supervision and appraisal system in place.

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

- People had a choice and access to sufficient food and drink. People spoke positively about the meals. One person said, "The food is classy – but not as good as mine!"
- Staff supported people to buy, prepare and cook food. The menu included people's own recipes which they had made such as, "[Name's] homemade soup" and "[Name's] homemade scones."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to a range of healthcare professionals. This helped to ensure they remained healthy.

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

- The design and décor of the premises met people's needs. People were able to access and use the specially adapted skills kitchen and the laundry.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was sought in line with legal requirements.
- The registered manager had submitted DoLS applications in line with legal requirements.
- Staff had considered the least restrictive ways of working. Staff reviewed DoLS authorisations. They liaised with the local authority if there were any changes in people's circumstances. One person said, "She [registered manager] rescued me from where I lived. I was on a DoLS and in a wheelchair. I'm doing good now." The person's DoLS had been removed and they were now able to access the local community independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. Support plans were formulated to document what actions staff needed to take to meet people's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. Their equality and diversity were respected.
- There was an open and inclusive atmosphere. Discussions with staff and people showed that staff respected people's sexual orientation. People were encouraged to dress in ways that reflected their preferences and personalities.
- We observed that people and staff cared about each other and enjoyed spending time together. One person said to a member of the domestic team who had made a good job of cleaning the lounge, "I'm proud of you pet – you're lush."

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

- Staff supported people to be involved in and agree decisions about their care.
- Three people had an advocate. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence.
- Support plans recorded what aspects of care people could manage independently and what they needed support with.
- Staff supported people to take risks in a safe way. This maximised their independence, choice and control.
- People could cook and prepare drinks and snacks and carry out their own laundry. The registered manager told us, "For us, it's all about active support." Active support is a person-centred approach to ensure that people are engaged in a variety of life activities and opportunities of their choice.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was developed around their wishes, preferences and goals. Detailed support plans were in place which instructed staff how to deliver care which was responsive and met people's needs. One person told us, "They know how to handle people with various abilities and disabilities and know how to help people with conditions like diabetes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff followed the AIS. Staff provided people with information which they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to continue their hobbies and interests as well as pursue work.
- Staff had explored what opportunities were available within the local community to promote inclusion.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. One complaint had been received. Information was available to document what actions had been taken to address the issues raised.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. Staff explained the importance of remembering and respecting people after they had died. Staff said they considered each person who used the service to be part of their family and told us how important it was to attend a person's funeral.
- The registered manager told us that end of life training was available which she was going to ask staff to complete.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a cheerful atmosphere in the home. Staff told us they felt valued and enjoyed working there. One staff member said, "I don't even say I'm going to work, I just say that I'm going to my other house." People told us they liked living at the home and spoke positively about the staff and inclusive culture. One person said, "Basically we are like a family."

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

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were actively involved in all aspects of the service.
- Reviews, surveys and meetings were carried out to obtain feedback from people and staff. Action was taken if any issues were raised.

Working in partnership with others

- Staff had developed links with the local community to help ensure people were engaged in their local community. Staff also liaised with health and social care professionals to make sure people received joined up care which met their needs.