

The Pantiles Care Home Limited

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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

Care service description

The Pantiles is a care home that provides care, support and accommodation for a maximum of 16 older people some of whom were living with dementia. At the time of the inspection 15 people were living at the service.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

People felt safe with staff and staff were aware of the safeguarding procedure. Relatives also felt their family members were safe. There were sufficient levels of staff on duty to ensure that people's needs were met. Recruitment was robust to ensure that only appropriate staff were employed.

Risks to people's care was managed well by staff and people received their medicines in a safe way. Regular health and safety checks of the premises and equipment were carried out. The provider had up-to date procedures to help ensure people remained safe in an emergency. Staff were effective in ensuring the service was clean and that they adhered to good infection control.

People were treated in a caring and respectful way by staff. We observed staff to be kind and considerate to people. People were supported with their independence and had choices around their delivery of care. Visitors and family were welcomed to the service.

People's needs had been assessed before moving in to the service. Care plans reflected people's needs and preferences. Care plans were evaluated regularly so they contained information about people's current needs. People had access to health care professionals and staff followed the advice given. People were supported with their nutrition and hydration needs and people enjoyed the food provided to them.

Staff received appropriate training and supervision in relation to their role. Staff understood the principles of the MCA and what they needed to do if they suspected a person lacked capacity. The environment of the service was set up to meet the needs of people.

People chose how they spent their time and could take part in activities if they wanted to. Trips were arranged for people outside of the service. Staff worked well together and communicated changes to

people's needs to each other. People received good end of life care. Improvements were being made around the planning of end of life care.

People told us that they would speak to staff if they had any concerns. There was a complaints procedure in place and complaints were investigated and responded to.

The provider carried out quality assurance checks to ensure people received a good standard of care. Staff consulted with outside professionals to ensure the best delivery of care. People and staff had provided feedback when they were consulted about the service. Notification were sent to the CQC where appropriate.

Further information is in the detailed findings below.

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.	



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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 inspection site visit took place on 5 December 2018 and was unannounced. The inspection team consisted of three inspectors.

Prior to the inspection we reviewed the information we had about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the provider, registered manager, five people, three relatives and 12 members of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of five care records of people who used the service, medicine administration records and training, supervision and four recruitment records for staff. After the inspection we were sent records that related to the management of the service that included minutes of staff meetings, surveys and audits of the service. We were also provided with feedback from seven health care professionals.



Is the service safe?

Our findings

When we last inspected The Pantiles we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good.

People told us that they felt safe at the service. One person said, "Oh I do feel safe. I've only got to press a bell day or night and staff come." Relatives also told us that they felt their family members were safe. One told us, "I do feel she [their family member] is safe. They [staff] are very good on security and there is an attention to detail." Staff understood what constituted abuse and actions to take if they had any concerns. We saw that any allegations of abuse were investigated by the registered manager.

Risks to people's safety had been identified and action plans in place. One relative said, "There was a time when mum fell out of bed and [registered manager] replaced the mattress which prevented further falls. They are very safety conscious here." Assessments were completed covering risks such as moving and handling and nutrition. Additional risk assessments were in place depending on people's individual needs. These described the measures needed to help keep people safe. They had been reviewed regularly and updated as people's needs changed. For example, we saw that one person was not weight bearing and their care plan recorded that they required a pressure mattress and cushion. We saw that this was in place.

Staffing levels continued to be appropriate to meet people's needs. One person told us, "I think there are enough staff. They come pretty quickly when you need them." A relative said, "I do think there are enough (staff). I think it helps that there is continuity." We did find that during the morning there were times where staff were busy with their duties and as a result left people unattended in the lounge. However, soon after the inspection the provider had increased the staff levels. They said, "Until successful recruitment [of a cleaner], one carer will be identified as a domestic support each day to enable other staff to provide more time with residents." We did find that when people required staff support this was provided.

The provider operated robust recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

The service was clean and well maintained. One person said, "They look after my laundry, my clothes are always nice and clean." One health care professional said, "I have always found the environment clean and well maintained. Staff followed good infection control procedures. One told us, "[We] use wipes and wash our hands before and after care. We wash commodes and we have disinfectant wipes and aprons to use. Everything is to hand." The provider continued to manage medicines safely. Staff completed medicines management training and medicines were stored securely. Medicines administration records (MARs) accurately recorded the medicines people had been given. One member of staff was able the explain what medicines people were receiving and why.

Checks were completed to maintain a safe environment. Personal emergency evacuation plans (PEEPs)

were written to help ensure people continued to receive the care they needed in an emergency. Staff kept accurate records of incidents and accidents, including details of action taken and lessons learned. Staff said if they, for example, found a person was having more frequent falls they would consider this a time to introduce a risk assessment. The registered manager reviewed accidents and incidents to consider the possible triggers or causes. One person had had falls at night and more frequent checks were put in place by staff.



Is the service effective?

Our findings

When we last inspected The Pantiles we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed before admission to the service to identify the care they required. This information was used to develop people's care plans. People were supported to access health care services in line with their individual requirements. Records showed people had input from a range of health and social care professionals. This included GPs, social workers and the community psychiatric team. One health care professional told us, "We find staff extremely reliable in carrying out our instructions and arranging appropriate follow-up, nursing and outpatient appointments." Another said, "Any rehabilitation programmes are implemented where possible by the staff and communication between the home and the physios is appropriate and timely."

Staff were well supported and able to access the training they needed. Staff told us they were supported to progress professionally in order for them to start working towards an NVQ (An NVQ (National Vocational Qualification) is a work-based way of learning – which is carried out at a college, school, or workplace). One staff member told us that they were at university and that the registered manager allowed them to transfer what they were learning into practice at the service. Staff had completed a range of training courses including moving and handling, dementia awareness and adult malnutrition. Records confirmed training, supervision and appraisals were up to date. We saw that staff worked well together and provided support where needed. Staff told us and we saw that they had a daily handover, stating, "It's a great place to transfer information."

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw the service continued to work within these principles. There was evidence in people's care plans that consent was obtained appropriately. One member of staff said, "We have to make decisions and do things in people's best interests."

People were supported with their nutritional needs and told us that they liked the food. Comments included, "The food is excellent", "There are good cooks here, alternatives are available if you don't like something", "Food is lovely. Really wholesome food" and "There are always clean plates. If I didn't like something they would find an alternative." We saw that meals were varied and people had choices about what they wanted to eat and drink. The chef told us, "There are always two choices. If people want a snack at night carers can make this." Where needed staff supported people with their meals and adapted plates and cutlery where available for people. Where people were at risk of dehydration and malnutrition this was closely monitored by staff.

We saw that the environment was set up to meet the needs of people. One person said, "The new garden is lovely. We used it a lot in the summer." Another person said, "The new lounge /conservatory space is really nice, it means we can come and be together, it is lovely." People were asked about the ongoing

refurbishment and improvements. People were happy with the o it." Another person commented on the redecoration of their room lovely." We saw that there was a specialist bath and handrails are	n, "They have done my room and it is



Is the service caring?

Our findings

When we last inspected The Pantiles we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People told us that staff were kind and caring towards them. One person said, "Everyone is kind and helpful." Another told us, "The carers are all friendly. I get on alright with them." A third said, "Staff are very caring. Very nice." Relatives were also positive about the caring nature of the staff. One told us, "The best thing is the warmth, care, attention to detail and they treat people as an individual." Another said, "My mum is made to feel special." One health care professional told us, "From my observations, staff are caring and considerate towards their clients."

We observed staff to be attentive to people and anticipate their needs. We saw one person enter the dining room and staff immediately approached them and asked if they wanted a drink. When staff walked into a room we heard them say hello to people and ask how they were. One relative said, "There is a nice spirit in the team. They [staff] have a good sense of humour and there are tactile in their warmth." When staff approached people that were sat down staff bent down to their level to talk to them.

People were treated with dignity and respect by staff. One person said, "Staff always make sure that I have put my clothes on right to protect my dignity." One relative said, "They (staff) respect her wishes and show her consideration. For example, she hasn't been well recently and she didn't feel like a bath, so they left her." People were given choices around their care and were supported with their independence. One person told us, "I have a bath every other day but can have one every day if I wanted." Another said, "If there is anything that we want all we have to do is ask." A member of staff told us, "We are polite, we communicate, listen and give people choices. We are always giving them choices. We make people feel comfortable and they trust us to care for them."

We saw that people's rooms were very personalised with things that were important to them. One person told us that they were encouraged by the registered manager to bring in furniture from home to make the room more homely. People's religious needs were also considered. There were regular church services at the home that people could attend. One visitor told us, "We visit and take Communion monthly and all the staff are welcoming and seem genuinely to have the best interests of the resident's upper most in their minds."

Care records were personalised and provided staff with information about people's life history. This is important so staff have a better understanding of the needs of the people they care for. As with our last inspection, confidentiality was respected at the service. Staff knew people well and understood what their interests and backgrounds were. Relatives told us that they were always welcome at the service and we saw this during our inspection. One relative said, "I feel like part of the family."



Is the service responsive?

Our findings

When we last inspected The Pantiles we concluded the service was responsive and rated it Good. Following this inspection, we found the service was still responsive and our rating remains Good.

People had personalised care plans which provided sufficient information about the care each person needed. Care plans contained background history on people, their likes/dislikes in terms of food and their hobbies and interests. There were individual plans for communication, mobility, sleep, nutrition and skin integrity. Each care plan had the person's photograph and a note of their preferred name. There was detailed guidance in place where a need had been identified for example in relation to people's behaviours. For example, one care plan stated the person suffered with anxiety, low mood and depression. The guidance stated that staff should stay with the person and remain calm to help reduce their anxiety. We also saw that they had input from the community mental health team. One relative said, "Staff are very tactful at repeating things frequently. They are very patient with her [their family member] as her dementia progresses."

We did note that there was some information missing from two of the care plans that we reviewed. However, soon after the inspection the registered manager provided evidence that this had been addressed. Discussions had also taken place with people around end of life care planning however improvements were needed to ensure that these were more person 'centred. The registered manager told us that they were working on this. They said that some building work was needed to the roof above a person's room who was receiving end of life care. They asked that it was rescheduled as they felt it would not be respectful or fair on the person or their family at, "That part of their journey." One relative fed back, "[The registered manager] in particular was someone who my mother trusted and she showed great kindness to her, especially at the end."

People had opportunities to participate in activities if they chose to and to pursue their interests. One person told us, "There are things going on. I do a bit of knitting and reading. I choose to stay in my room." Another said, "There's always something to do. We have just done paintings which I loved." One relative said, "She [their family member] is often doing things." We saw that people were offered trips out to garden centres and seasonal events were taking place such as Christmas carols, pantomime and magic show. Christmas art work was displayed in the hall and a mural painting by people was going to be hung in the dining room. Inside activities included quizzes, arts and crafts and exercises. One member of staff said, "They go out quite a lot. There is something going on all the time. The carers lead the activities and there are a lot of one to ones."

Complaints and concerns were investigated and recorded with the actions taken. We saw that there was a complaints policy in place. People told us that if they unhappy with anything they would speak to staff. One person told us, "I haven't had to complain but I would speak to [the registered manager]. We saw from recent complaints that the registered manager took action to resolve the concerns raised.



Is the service well-led?

Our findings

When we last inspected The Pantiles we concluded the service was well-led and rated it Good. Following this inspection, we found the service was still well-led and our rating remains Good.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

People and relatives were complimentary about the leadership of the service. One person told us, "[The registered manager] is very good. She is on to everything." Another said, "[The registered manager] is lovely." One relative said, "It is very well led. [Registered manager] sets a high standard, efficient and on the ball. She is a very important part of why this place is as good as it is." Another said, "Her leadership skills are outstanding."

The provider and the registered manager had responded promptly to feedback that we delivered on the day. We identified a shortfall in some records and lack of staff interactions for part of the day however this was resolved immediately.

There were opportunities for people and relatives to provide feedback about the service. For example, they had been consulted to gather their views and regular meetings took place. We saw from one meeting that a person had asked for a magic show to be put on and this had been organised. One relative said, "Meetings are really useful to discuss things." Another said, "They (management) are keen to hear from people and relatives about activities. I come to their meetings." Staff also had the opportunity to share their views on the service and where they could make improvements. One told us, "[The registered manager] and [provider] are always looking for new initiatives and telling us about them." We saw that staff discussed training, policies, people's changing needs and ideas for additional activities for people.

Staff felt supported and valued. One told us, "There is lovely teamwork. I can go straight away to [the registered manager]. Any problems, she will sort out." Another said, "We are 100% supported. We get asked out opinions. We work together, there is team work and communication."

The provider continued to operate a robust approach to quality assurance. This included regular checks of medicines management and health and safety. These had been effective in identifying and addressing issues in the service. The service also continued to work closely with other agencies outside of the organisation including the Local Authorities and charities. One health care professional fed back, "They have excellent working relationships with the wider Community such as GP, district nurse and Hospice team." Another told us, "Over the years working alongside [the registered manager], I have found that the service level at Pantiles is always kept at its highest."

Services that provide health and social care to people are required to inform the Care Quality Commission

C) of important events that happen in the service. The registered manager had informed the CO nificant events including significant incidents and safeguarding concerns.	QC of