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

This was an unannounced inspection that took place on 3 May 2016.

The Pantiles Care Home provides care and accommodation for 16 people. It is a detached house in a residential area close to the village of Ashtead.

The home had a 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 and associated Regulations about how the service is run.

In July 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People and their relatives told us that this was a nice place to live and staff provided very good support and care that was delivered in a respectful way. People were given the opportunity to do what they wanted and joined in the activities provided if they wished.

The home had a warm and welcoming atmosphere that was enabling and inclusive. Visitors during the inspection told us that they were always made welcome. The home provided a safe environment for people to live and work in and was well maintained and clean. The décor was currently acceptable, although looking a little tired and the home had a planned refurbishment programme that was to commence in the near future.

There were thorough up to date records kept, although the historic records required archiving. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

The staff knew the people they worked with well including their likes, dislikes, routines and preferences. During our visit people received the same attentive service and everyone was treated equally. Staff had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and compassionate way. Whilst professional they were also accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said the choice of meals and quality of the food provided was very good. People were encouraged to discuss health needs with staff and had access to community based health care professionals, if they required them.

The home's management team were approachable, responsive, encouraged feedback from people and

consistently monitored and assessed the quality of the service provided.

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 told us that they felt safe and were well treated. There were effective safeguarding procedures that staff understood, used and assessment of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported

were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 checked 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 was an unannounced inspection and took place on 3 May 2016.

The inspection was carried out by one inspector.

There were 13 people living at the home. We spoke with seven people using the service, three relatives, five staff and the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service and three staff files.

Good

Is the service safe?

Our findings

People and their relatives said they were happy that the home was safe and they felt safe living there. One person said, "I feel very safe and would not go anywhere else." Another person told us, "Its safe here and the night staff look in on us to make sure we are alright."

Staff had received safeguarding training, were aware of when a safeguarding alert should be raised and how to do so. Safeguarding information was also provided in the staff handbook. There was no current safeguarding activity and previous safeguarding issues were suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in them. Staff understood what was meant by abuse and the action to take should they encounter it. They said protecting people from harm and abuse was one of the most important things they did and part of their induction and refresher training.

People's care plans contained assessments of any risks to them and how they would be managed. This enabled them to enjoy their lives in a safe way. Identified risk areas included their health, daily living and social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated regularly. The home and its garden were clean and well maintained, although the décor in the communal areas was looking a little tired. The home had a major refurbishment plan that was due to start in the near future and had taken into account the least disruption to people whilst this was taking place and that their safety was maintained. The home's equipment was regularly checked and serviced. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use.

There was a thorough staff recruitment procedure with all stages of the process recorded. This included advertising the post, although the manager said most posts were filled by word of mouth, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the service the home provided. References were taken up and Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post and there was a three month probationary period. Part of the process was informal visits to the home so that prospective staff could meet people who use the service, get an idea of how the home runs and it gave people an opportunity to say what they thought about the candidates. The home had disciplinary policies and procedures that staff confirmed they understood.

During our visit we saw that there was enough staff to meet people's needs and support them to do as they wished. This was reflected in the way people did the activities they wished safely. We saw one care worker support a person using the service upstairs, in the chair lift and another bringing a person down. The carer workers were attentive, reassuring and took their time to make sure that the people were properly strapped into the chair and arrived safely. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or

sickness.

Medicine was safely administered to people using the service. The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and what they wanted to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also able to be involved. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person said, "If I need anything staff get it for me." Another person told us, "If I want anything I just shout." A further person said, "Staff are very helpful, but they don't pry."

Staff received induction and annual mandatory training. The induction was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the home. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training encompassed the 'Care Certificate Common Standards' and included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs, such as diabetes; dementia care and end of life care. A member of the home's staff was a dementia champion. Staff meetings included opportunities to identify further training needs. Bi-monthly supervision sessions and annual appraisals were partly used to identify any gaps in training.

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. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they thought the food was very good with plenty of variety and choice. One person said, "The food is well cooked, there is a good variety and the portions are right.

Good

Is the service caring?

Our findings

Staff knew people well, were aware of their needs, preferences and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "There is good interaction with staff and if I want anything it's not a problem" Another person said, "Staff are very good. My daughter went around a lot of places and there is nowhere like the Pantiles." A further person told us, "I'm very happy, we have good carers (staff) who help us with things like large print." A relative said, "I'm always impressed with the staff and way they care for people."

Everyone we spoke with expressed their satisfaction with the home, the staff and their care. People and their relatives said that the staff treated everyone with dignity, respect and enabled them to maintain their independence. The staff met their needs; people enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by a number of positive and supportive care practices we saw during our visit. The staff knew the people they were caring for, called them by their name and interacted with them in a friendly and appropriately familiar way. Staff were able to tell us general things about people, their level of dementia, their engagement and their likes and dislikes. Staff were skilled and patient. They also made the effort and encouraged people to enjoy their lives.

Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do. Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves, where possible. They facilitated good, positive interaction between people using the service and promoted their respect for each other. People were free to move around the home as they pleased.

Staff spoke in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. One person was deaf and staff made the effort to make sure they understood what was being said. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit. One person said, "Staff are so helpful and can take a joke which is very important.

The home also had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, ongoing training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made

welcome and treated with courtesy. This was also the case when we visited.

Good

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted, when and where practicable, by whom. It was delivered in a way people liked that was friendly, enabling and appropriate. If there were any problems, they were quickly resolved. People were supported and enabled to enjoy the activities they had chosen. One person said, "I enjoy it here, they get me on all sorts of activities like flower arranging" Another person told us, "We have a good quality of life."

The manager said most people using the service were privately funded self-referrals, but if a service was commissioned by a local authority or the NHS, that assessment information would be requested from these bodies or from a care home if they were being transferred. The home carried out its own assessments. If it was identified that needs could be met people and their relatives were invited to visit. They could visit as many times as they wished so they could decide if they wanted to move in. The visits also gave the home further opportunity to better identify if their needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on the individual. It was also important to get the views of those already living at the home and give them the opportunity to say if they thought the person would fit in. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

People's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. People were enabled and encouraged to discuss their choices, and contribute to their care and care plans if they wished. The care plans were developed with them and had been signed by people where practicable. The care plans had goals that were identified and agreed with people. The goals were underpinned by risks assessments and reviewed monthly by care workers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to follow them. Daily notes identified if chosen activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further things they may wish to do. There was also individual communication plans and guidance.

The activities were a combination of individual, group and mainly home based which was people's preference. The available activities included quizzes, exercise, cream truffle making, singing sessions, baking and specific monthly projects. When we visited the project was making a time line. The home also provided a monthly newsletter that included an activities programme for the month.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their duty to enable people using the service to make complaints or raise

concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People and their relatives told us the manager was very approachable and made them feel comfortable. One person said, "If anything needs to be done just talk to (manager) and it is done." During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the manager; equally as they were with the staff team.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, "I am very happy working here and look forward to coming to work." Another member of staff told us, "The manager is very good, supportive, hardworking and it is like working with your best friend." A further staff told us, "It is like a family." The records we saw demonstrated that regular quarterly staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made. One person said, "We are asked for our opinion and views throughout the day.

Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. Policies and procedures were audited annually.