

Eagle View Care Home Limited

Pembroke Rest Home

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 inspection took place on 25 and 27 January 2017 and the first day was unannounced. This means the provider did not know we were coming.

Pembroke Rest Home is a care home which provides personal care. Care is mainly provided to people who have acquired brain injuries or mental health support needs. It is registered to support 14 people.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

The service 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to protect people from avoidable harm or risk. Staff received safeguarding training and were knowledgeable about their roles and responsibilities for ensuring people's safety. Risks to people, staff and visitors were assessed and regularly reviewed. The service took action to minimise risks where appropriate in order to keep people safe from harm.

Robust recruitment processes were in place to ensure staff members were suitable to work with vulnerable people. Staffing levels were based on the dependency levels of people living at the home and were reviewed on a regular basis. Our observations during the inspection and from feedback we received were that staffing levels continued to be appropriate to safely meet people's needs.

Appropriate systems were in place for the management of people's medicines. People were encouraged to maintain their independence, for example through retaining responsibility for managing their own medicines or self-care. People's medicines were stored in people's bedrooms.

Staff were supported through the provision of role specific training, formal supervision and annual appraisals. Staff confirmed they felt well supported in their roles and spoke positively about the recently appointed registered manager and their leadership and management of the home.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members as appropriate.

People were very complimentary about the kind and caring nature of the staff team. Staff had developed strong, caring relationships with the people they supported and were very knowledgeable about their individual needs, likes and dislikes.

People's needs were assessed prior to them joining the service. Detailed, person-centred care plans were produced which guided staff on how to care for people. These included details of any preferences people may have. People and their representatives were actively involved in their care planning and were also encouraged to voice their opinions about the service in general.

People's needs were reviewed on an on-going basis and action taken to obtain the input of external professionals where appropriate. Systems were in place to ensure people had sufficient to eat and drink and to access other healthcare professionals in order to maintain good health.

A range of systems were in place to monitor and review the quality and effectiveness of the service. Action was taken to address areas for improvement identified. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction. The service was about to undertake major improvements to the environment and furnishings as part of a planned refurbishment.

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.

Pembroke Rest Home

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 inspection took place on 25 and 27 January 2017 and was unannounced. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from health and social care commissioners of care was also reviewed.

During the inspection we spoke with seven staff including the registered manager, four people who used the service and one relative. Observations were carried out and medicines were reviewed. We also spoke with an external professional who regularly visited the service.

Three care records were reviewed as were three medicines records and the staff training matrix. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We also reviewed complaints records, three staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance and management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms.

Is the service safe?

Our findings

People we spoke with told us they continued to feel safe living at the service. One person had issues with another person; we discussed these with the registered manager and saw these were being managed appropriately. One person told us, "I am happy here. Have been in some odd places in the past, but this place feels safer and better managed".

The service still had appropriate systems in place to protect people from harm. The provider had a safeguarding adult's policy and procedure which informed staff of the actions to take should they have any concerns about anyone living at the home. Staff received safeguarding training which was refreshed regularly. Staff were aware of their roles and responsibilities for protecting people from harm. Where alerts had been raised the registered manager had taken steps to keep people safe and learn any lessons from such incidents.

Risks to people, staff and visitors continued to be assessed and action taken to manage identified risks. Risks assessments were kept under review and updated where necessary as people's needs or goals changed.

Staffing levels were based on the dependency levels of people living in the home and were reviewed on a monthly basis to ensure they remained appropriate. During the inspection we observed staff were not rushed in their interactions with people and had time to talk to them. Calls for assistance were answered promptly. People we spoke with felt there were sufficient staff to meet their needs.

We found the service had robust recruitment processes. Potential staff members completed an application form providing details of their skills and experience. References were sought to verify this information and checks performed with the Disclosure and Barring Service to ensure staff members were suitable to work with vulnerable people. Staff we spoke with confirmed they had been subject to this process of recruitment by the registered manager.

We looked at how medicines were managed. We found appropriate systems were still in place for the ordering, recording; storage and administration of medicines. The service actively supported people to retain their independence by managing their own medicines where possible. Where people were not able or did not wish to do this, people received their medicines from staff. Staff responsible for administering medicines had received training for this which was refreshed on a three yearly basis. The registered manager also performed annual competency checks to ensure these staff members were able to perform this role safely.

Domestic and maintenance staff were employed to keep the home clean, tidy and maintained. Cleaning schedules were in place to make sure all areas of the home were cleaned by staff. There was a plentiful supply of personal protective equipment such as aprons for care staff to use. The home also had contracts in place for the servicing and maintenance of the premises and equipment to ensure these remained safe.

Is the service effective?

Our findings

People we spoke with told us the service was effective at meeting their needs. People told us the staff team whom supported them appeared to have the skills and knowledge to meet their needs. One staff member we spoke with told us the registered manager ensured they had supervision and training to keep them skilled. The registered manager told us about plans to access specialist training for key staff to make sure they met people's needs. Staff told us the registered manager was proactive at seeking out training for them.

Staff received an initial induction when they first started working at the home, which included a period of time during which they shadowed an experienced staff member. After this, staff were supported in their roles through the provision of regular training, supervision sessions and annual appraisals.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people using the service had been assessed at to whether they required DoLS, and that appropriate applications and authorisations were in place.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also captured in people's records. Staff we spoke with were aware of the need to gain people's consent and explained they would respect people's wishes where they refused care and support.

On admission to the service people were asked about their nutritional and hydration needs. This included any special dietary requirements as well as people's preferences. Overall people were complimentary about the food they received. Some staff and people commented they would like to be more involved in cooking and gaining those skills. As part of the planned refurbishment an improved skills kitchen was to be developed. Everyone we spoke with agreed this was a positive move.

People were supported to access other healthcare services in order to maintain good health. The external healthcare professional we spoke with confirmed the service made appropriate referrals, staff acted on advice given and that people were well cared for.

We noted that some areas of the home were in need of updating and that some furniture was worn or marked. The registered manager advised us a major refurbishment of the whole service was due in the

coming months and this would address these issues. We discussed the plans and saw that people and staff had been involved in this process and it would improve the layout and homely feel of the service.

Is the service caring?

Our findings

People told us they felt cared for by the staff team and that they felt the registered manager and team would always want what was best for them. One person told us, "They are all canny enough, they don't ignore any request, they take their time and do it right for us". Another person told us how staff had supported them with a period of mental illness and had sought out additional support for them.

Throughout the inspection we observed a very relaxed atmosphere in the home. People were free to come and go as they pleased and to spend their time as they wished. Staff were very knowledgeable about people's past and present lifestyles and any particular preferences they had. For example staff were able to tell us what time people preferred to get up on a morning and we observed people's wishes were respected. One of the staff members we spoke with told us how they provided personal care to one person in order to meet their individual preferences.

People were able to personalise their bedrooms to their own taste and we saw many people had their own furniture and possessions in their bedrooms.

People's friends or family members were free to visit throughout the day. Telephone and other services were made available to people to assist them to stay in contact with people who were important to them. Staff were knowledgeable about people's support networks and welcomed visitors into the home.

Staff explained the importance of taking time initially to get to know people and were able to tell us how they would do this. For example through speaking to the person, their friends and family members and reading their care plans. We saw that this was part of initial assessment and then continued throughout their time at the service.

Care plans provided detailed information to staff about the care and support people required. We saw where intervention was required the preference was that this was kept to a minimal wherever possible and that people were encouraged to maintain their independence. For example one person went to the shops unassisted after staff had helped them develop the confidence to go alone.

People were encouraged to be involved in the running of the home. Regular residents meetings were held to obtain feedback from people and to keep them updated about changes within the service. If people chose not to attend staff would seek their views to feed into the meeting.

Staff treated people with dignity and respect. They provided examples of how they would do this, for example by covering people over when providing personal care. We observed good practice throughout the inspection. Staff members always knocked before entering people's rooms and were discreet when speaking to people about their care and treatment. Records were held securely and staff were aware of the need to handle information confidentially.

Is the service responsive?

Our findings

All of the people we spoke with told us they did not currently have any complaints but that if they did, they would feel comfortable and have no problem addressing this with staff or the registered manager. They also told us they felt the service met their needs for support. One person told us, "I am very happy with the staff at Pembroke. They are friendly and keen to help where they can". A relative we spoke with told us they were happy their family member got the care they needed.

Before people lived at the home they were asked to take part in an initial assessment to provide the service with basic information about them and their requirements to determine whether the service would be able to safely meet their needs. Information gathered during this process was then used to develop person-centred care plans outlining the individual care and support people required. These detailed areas where people were independent and outlined their goals and wishes. Where people had any specific preferences in relation to their care and treatment these were respected.

In the months after a person's admission to the service, staff spent time getting to know the person as an individual and understanding how they liked to be cared for. This information was incorporated into people's care plans to assist staff in supporting people in the way they preferred. People were actively encouraged to maintain or develop their independence.

People's care records were kept under review. Monthly evaluations were undertaken by care staff and where appropriate recommendations made for care plans to be amended or rewritten, for example following a change in a person's needs. Formal reviews of people's care planning took place on at least an annual basis. People, their representatives and external professionals were involved in this process.

Although the service did not have specific activities co-ordinator arrangements were in place to prevent people from becoming socially isolated. Care staff offered regular activities for people to partake in, both inside and outside the service.

People and their relatives were encouraged to be involved in the running of the home. Residents meetings were generally held on a regular basis. Annual quality assurance questionnaires were issued to people to seek their feedback.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

Is the service well-led?

Our findings

All of the people we spoke with felt the service was well led. People's comments included; "The new manager [name] has been good for this place. Staff seem happier and the place has started to pick up a bit" and "[New manager] has made a lot of changes lately, all good so far".

Staff were complimentary about the registered manager and their management of the service. All of the staff we spoke with told us the registered manager was approachable and supportive. The registered manager had a clear vision for the future of the service, about what direction they wished to take and how to bring the staff team with them. They had an open door policy that people and staff noted to us.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as the attainment of feedback from people and their representatives. Where areas for improvement were identified, action was taken to improve the service. For example changes to activities offered so they reflected the wishes of people using the service.

The registered manager and the senior management team also carried out a number of quality assurance checks to monitor and improve standards at the service. These included checks on peoples' personal finances, care plans medicines records, health and safety and infection control.

The registered manager held regular staff meetings to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers were used to keep staff informed of the health and well-being of people using the service. Staff also told us they could always approach the registered manager for advice and guidance, including outside of their normal working hours and they were always supportive.

We saw they had brought into place a number of processes to ensure that staff received regular supervision and that senior meetings were held regularly to keep a track of changes to the service.