Cedarcare (SE) Ltd

Pelham House Residential Care Home with Dementia

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png
Pelham House Residential Care Home with Dementia is a residential care home providing personal care in one adapted building to 26 people aged 60 over who were living with dementia. The service can support up to 30 people.

People's experience of using this service and what we found:
The management of medicines was not consistently safe. The system for monitoring the stock of medicines was not consistently robust. Medicine care plans were in place, but these failed to consistently include information about the purpose of people's medicines and the potential side effects.

Quality assurance systems were in place, but these were not always effective in driving improvement and identifying shortfalls. Accurate records had not always been maintained.

CCTV was installed within the service. People and their relatives had been informed about the CCTV, however, people's capacity to consent to the use of the CCTV had not been assessed. Action was taken during the inspection process, however, internal audits failed to identify this shortfall. This is an area of practice that needs improvement.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service. Staff supported people using appropriate equipment to ensure infection control procedures were followed

Staff could recognise and knew how to report suspected abuse or poor practice. The registered manager was aware of the process to follow should an allegation be made. Learning was derived from safeguarding concerns and shared with staff to promote safe practice.

Risk assessments were in place and actions were implemented to mitigate the risk of skin breakdown or falling. Staff worked in partnership with the district nursing team and where people required support to reposition, this was regularly provided.

The provider and registered manager were working hard to promote a positive and empowering culture at the service. Staff spoke highly of the service and confirmed they felt supported within their roles. People and their relatives spoke highly of the registered manager and of the homely atmosphere within the service.

Rating at last inspection:
The last rating was Good (published on 24 July 2017).

Why we inspected:
The inspection was prompted in part due to concerns received about call bells not being answered quickly

and walking aids being removed from people, lack of activities and a task centred culture. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement.

Please see the Safe and Well-Led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelham House Residential Care Home with Dementia on our website at www.cqc.org.uk.

Enforcement:
We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. Please see the action we have told the provider to take at the end of this report.

Follow up:
We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always Safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

Details are in our Well-Led findings below.

Pelham House Residential Care Home with Dementia

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 two inspectors.

Service and service type
Pelham House Residential Care Home with Dementia is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 partner agencies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used information from notifications we received from the provider and people who gave feedback about the

service. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with five members of care staff, the registered manager, activity coordinator, deputy manager and the provider. We also spoke with a visiting health and social care professional. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. Further evidence was emailed to the inspection team following the inspection.

Requires Improvement

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 as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Systems were in place to order, receive and dispose of medicines. However, the management of medicines was not consistently based on best practice guidance as advised by National Institute for Health and Care Excellence (NICE). For example, people had medicine care plans in place. These included information on whether the person required assistance from staff. Information was also available on how people preferred to take their medicines.
- For people prescribed warfarin (a blood thinner), guidance was available on the side effects and systems were in place to monitor the effectiveness of the medicine. However, these systems were not implemented for all medicines. This posed a potential risk that if a person was unwell, staff may not recognise the symptoms as a possible side effect of their medicine. However, staff had access to the BNF (British national formulary) and no recent concerns had been raised that staff failed to recognise any potential side effects of medicines administered.
- The system for monitoring the stock of medicines was not consistently robust and was ineffective. Every month, a new cycle of medicine was received. However, where the provider had medicines already in stock, these were not consistently ordered for the next cycle and the stock from one month was carried forward to the next. Where stock was carried forward, this was not consistently recorded on the person's Medication Administration Record (MAR chart). Therefore, the provider had no oversight of how much stock was available for that month and whether the stock would last.
- In July 2019, one person was prescribed medicine to assist with pain relief and medicine to help with constipation when needed. Another person was prescribed a medicine for their respiratory disorder. These medicines ran out of stock and people were without these medicines for four days. Documentation reflected that when the medicine was back in stock and before the medicine ran out of stock, the medicine was refused. Subsequent to the inspection, the registered manager advised that people's medicine were available, however recording errors meant that the MAR charts reflected that the medicines were out of stock. The registered manager identified the need for more robust recording.
- While concerns with the management of medicines were identified, protocols were in place for the use of 'as required' medicines. People received regular medicine reviews and staff's competency to administer medicine safely was assessed and regularly reviewed.

Failure to maintain accurate records was a of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Assessing risk, safety monitoring and management:

- Care and support was provided to people living with varying degrees of dementia. Before the inspection,

the Commission (CQC) received concerns that people did not always have access to their call bells. During the inspection, we found that people had access to call bell points within their bedroom alongside call bell pendants. People's ability to use the call bell was assessed within people's falls risk assessment. However, where people had been assessed as unable to use the call bell, a clear management plan of alternative ways to call for help was not in place.

● The registered manager told us that when people were unable to use the call bell, they still had access to one but were checked on every two hours, in line with their internal policy. While people were checked on and people's care plans were updated during the inspection process to reflect this, a personalised assessment was not in place and consideration was not given to people's protected characteristics. For example, personalised guidance was not in place to demonstrate that checks every two hours were based on the person's needs or how any sensory or visual impairment may impact upon their ability to use the call bell

● People and their relatives told us they felt safe living at Pelham House One person told us, "I've been here three years and feel very safe." A visiting relative told us, "(Person) is very well looked after, if they weren't, they wouldn't be here."

● Where people were at risk of skin breakdown, guidance was in place on how to manage the risk and staff worked in partnership with the district nurses. People received support to reposition and staff applied topical creams to reduce the risk of the skin breaking down. Nationally recognised tools, such as Waterlow (tool to calculate the risk of skin breakdown) were used to further assess the risk. These were reassessed monthly.

● People's risk of falling was assessed and where people were at high risk of falls, support from the fall's prevention team had been sought. Falls risk assessments considered the number of falls the person had experienced in the past year, if they were unsteady on their feet and whether their blood pressure fell when standing. Actions were then implemented based on the person's risk. Falls risk assessments were regularly reviewed following a fall.

● Before the inspection, the Commission (CQC) received information of concern that people's walking aids were removed which prevented their ability to walk freely. During the inspection, we observed that people had their walking aids either next to them or to hand. Some people were observed sitting with a table in front of them and their walking aid adjacent to the table. This meant that they had to push the table away and then pull their walking aid in front of them. We observed that people were freely able to do so, and staff promptly noted if a person wanted to get up and provided assistance. Staff understood and recognised the importance of ensuring people had their walking aids to hand. One staff member told us, "Residents must have their walking aids next to them, that is really important."

Systems and processes to safeguard people from the risk of abuse:

● The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic. One staff member told us, "If I see anything concerning I would initially go to the manager and speak to her about it and if the issue is not resolved or it involves her I would go to the local authority and raise concerns with them." Another staff member told us, "If I witnessed abuse I would report it straight away to my manager and if nothing was done about it, I would whistle blow to someone in a higher position."

● Safeguarding and whistleblowing policies were readily accessible for staff. The registered manager and provider discussed safeguarding concerns on a monthly basis and the registered manager was in the process of appointing a safeguarding champion.

Staffing and recruitment:

●There were sufficient staff to meet people's needs and keep them safe. The provider regularly reviewed and monitored staffing levels and a dependency tool was in place to assess the required staffing levels.

● Staffing rotas demonstrated that staffing levels fluctuated based on the needs of people. For example, following a number of people experiencing chest infections, staffing levels were increased to ensure people's needs were safely met.
● Staff, relatives and people told us that staffing levels were sufficient. One staff member told us, "I think there are enough staff and people don't have to wait very long to answer call bells." A visiting relative told us, "Yes, generally at the weekend some residents go out on trips. On the odd Sunday it may be a bit light. (My relative) doesn't have to wait too long to answer their call bell. They have one staff member allocated to the lounge and they are constantly walking through and they acknowledge (my relative) and they respond to a smile."
● When agency staff were required to cover care shifts, the provider obtained a copy of their profile beforehand and agency staff received an induction to the service. The registered manager told us, "We tend to block book agency staff and for continuity of care, always try and request the same agency staff. We use two local agencies to ensure that consistency."
● The provider had robust recruitment systems in place to ensure that staff were suitable to work with people.

Preventing and controlling infection:
● We observed the service to be clean, well maintained and without odour throughout. A relative told us, "It's always kept clean." Another relative told us, "The place is spotless."
● There were dedicated domestic staff who carried out regular cleaning of the service. Staff had access to and used personal protective equipment such as gloves and aprons when required.

Learning lessons when things go wrong:
● Falls were regularly reviewed to identify any trends, themes or patterns. In February 2019, five people experienced falls within the space of four weeks and safeguarding concerns were raised. The registered manager and provider reviewed the falls to identify any trends or how practice could be improved. As part of the review, all equipment was checked and the contributory factor for one fall was that the person was experiencing a urinary tract infection. This then prompted the provider and registered manager to focus on the promotion of hydration within the service.

Requires Improvement

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A governance framework was in place and the registered manager completed a range of audits every month to monitor the quality and safety of the service provided. These included medicine management, care plans, infection control and falls management. The provider also employed an external consultant to visit the service and conduct an independent audit. These audits were not always effective in driving improvement or identifying shortfalls with documentation and the provision of care.
- Care and support was provided to people who experienced constipation. Some people were prescribed medicine to manage the constipation and this was referenced within their elimination care plan. Bowel monitoring charts were in place and MAR charts demonstrated that medicines were given if people had not experienced bowel movement in a couple of days. However, information was not available on the signs of constipation; risk factors, how healthy bowels were promoted, how bowels were monitored and the person's normal bowel habits. Therefore, for new members of staff or agency staff, guidance was not available on the signs of constipation for people or a person's normal bowel movement routine. These concerns were brought to the attention of the registered manager who identified how elimination care plans could be updated to include this information.
- Some people living at Pelham House could display behaviour which challenged. For example, one person's care plan advised they could become challenging and for staff to provide distraction techniques. However, guidance was not consistently available on possible triggers for the behaviour and what distraction techniques worked well. Behaviour management plans were not in place which posed a risk that staff were not responding to these behaviours in a consistent manner. We brought these concerns to the attention of the registered manager who took action during the inspection process to update care plans. Subsequent to the inspection, the registered manager provided an example of a further care plan they had updated which included information on the possible triggers alongside a management plan on how staff should respond to the behaviour.
- Whilst care plans were being updated during the inspection process, we found examples of where care plans and daily care practice were disjointed. For example, one person's care plan identified that they should be involved in creative activities and encouraged to participate in daily activities to help relieve boredom and prevent behaviours which challenge. The care plan also stated for the person to be offered the opportunity to walk in the garden to increase their independence and mobility. When talking to staff, they were unaware of the actions stated in the person's care plan and advised that if the person displayed behaviours which challenged, they offered reassurance. The person's daily notes also failed to reflect that

care and support was provided in line with their care plan. Subsequent to the inspection, the registered manager advised that the person was settled at Pelham House and had not displayed any recent behaviours which challenged and therefore staff were not required to follow the person's behaviour care plan. However, the monthly care plan review failed to identity that the care plan was no longer an accurate portrayal of the person's needs.

● Medicine audits were completed monthly and whilst these audits considered stock control, the audit for July 2019 failed to identify that management of stock was not robust. Shortfalls with stock management had not been identified as part of this monthly audit.

Failure to operate effective systems and maintain accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

● Before the inspection CQC received concerns that the service was task led with a lack of opportunities for meaningful activities. The provider and registered manager recognised the importance of activities and strived to have activities available seven days a week. At the time of the inspection, the provider was recruiting another activity coordinator. One activity co-coordinator was already in post and care staff assisted with activities daily.

● On the first day of the inspection, the activity coordinator was not on shift and care staff were responsible for activities. We observed staff engaging with people and offering different activities. However, opportunities for meaningful activities were sometimes missed. For example, one person was sat in the lounge and noticed to be picking up the electrical extension cable. Staff asked the person to put it down but didn't offer anything else to occupy the person's hands. The person then continued to 'fiddle' with things such as the bottom of their chair and the table placed in front of her and then started playing with the electrical cable again. Staff returned and asked the person to put the cables down but again nothing was offered to occupy their hands. The person continued to play with the cables and was then supported to change chairs. They were then given a magazine but immediately put this down and played with the table in front of them. Staff later returned with some knitting equipment to engage the person's hands. The opportunity for a meaningful activity to occupy the person's hands was missed on several occasions by staff. We discussed these observations with the provider and registered manager who identified that further work was required to ensure meaningful activities were consistently provided.

● The registered manager and provider strived to provide a positive culture. The provider was further enhancing their knowledge and understanding of dementia care. They had recently completed a master's degree in dementia care and were in the process of starting their PhD degree in the subject area. The provider told us, "Dementia is such an interesting field and we are trying to ensure everything is person centred. We want to enhance their quality of life. We recognise that moving into a care home is hard and therefore we must do everything we can to enhance their quality of life."

● The registered manager told us, "The provider is ever so supportive and extremely passionate about dementia care. We are always trialling new ideas. We engaged with the living eggs programme, whereby the residents were involved in the hatching of the eggs and now the maintenance of the chickens."

● Staff, relatives and people spoke highly about the culture of the service and the homely feel the service provided. One relative told us, "(Person) has been here over three years and when we walk in we get a homely feel. Its friendly we get offered tea, coffee and biscuit." One person told us, "The Manager is good she's brought this place up. Have you seen the chickens she bought? It's a brighter place and a better atmosphere. She works very hard and has a god crew around her." A further relative told us, "When I walk in its good; its friendly. The agency staff seem good as well as the permanent staff."

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:

● There was an open and transparent culture at the service. Staff spoke highly of the registered manager and confirmed incidents and accidents were used to drive improvement and learn from.

● 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. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● People and their relatives were encouraged to provide their views on the running of the service. Satisfaction surveys were sent out and the registered manager regularly met with relatives to discuss any concerns or queries.

● Staff meetings were held on a regular basis and provided staff with the forum to raise any concerns. Staff spoke highly of management and one staff member told us, "I think it's very good. The manager and deputy manager are happy to listen if there are any concerns or issues."

● 'Resident' meetings were held on a regular basis and one person was empowered to chair these meetings and take notes. These meetings provided people with the forum to raise any questions or queries on the running of the service.

● Staff recognised that the service was people's home and that they were a guest in their home. The service was personalised with objects of references, paintings and pictures. One person enjoyed writing poems and these were displayed throughout the home.

Continuous learning and improving care: Working in partnership with others:

● Lessons were learnt following safeguarding concerns, complaints and incidents and accidents. The registered manager told us, "Last year we had a safeguarding concern raised. We spoke with the residents to see if they felt safe living here and also spoke with staff and relatives." Following the safeguarding concern, CCTV was installed within the communal lounge. A sign was on display within the entrance to the service informing people of the CCTV and relatives, staff and people had been informed of the CCTV. However, people's capacity to consent to the use of CCTV had not been assessed at the time. This was discussed with the registered manager and capacity assessments were implemented during the inspection process. However, internal audits failed to identify this shortfall. This is an area of practice that needed improvement.

● The registered manager was dedicated to continuous learning and improving care. They told us, "When I first started, the service didn't have the best reputation and I've spent a lot of time rebuilding that reputation and building strong links with the local community. We now sponsor the local golf course and have built links with the local pub."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with parts of the regulation. Regulation 17 (1) (2) (a) (c).